



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-87-C-47169
Case DSI-92-AB-12

 1992

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.

CONTRACT NUMBER: DTNH22-87-C-47169

CASE NUMBER: DSI-92-AB-12

[REDACTED]

This three vehicle collision occurred on a winter, weekday morning at an intersection in [REDACTED], Virginia. It was reported to be misting at the time of the collision.

Vehicle 1, a 1992 Dodge Shadow ES 2-door, was being driven northbound by a restrained 26 year old male driver. Vehicle 1 was traveling at a speed estimated to have been between 40 and 45 miles per hour (64 and 72 km/h).

Vehicle 2, a 1985 Mazda GLC 4-door, was being driven westbound in the left travel lane by an unrestrained 31 year old female driver. In the vehicle's right front seating position, was a restrained 23 year old female. In the left rear seating position, was a restrained 8 year old male. The center rear seating position, was an unrestrained 10 year old male. Sitting in a child safety seat, in the right rear seating position, was a 1 year old male. Vehicle 2 was traveling at a speed estimated to have been between 15 and 20 miles per hour (24 and 32 km/h).

Vehicle 3, a 1983 Chevrolet pickup truck, was being driven westbound in the right travel lane by a 35 year old male driver. Vehicle 3 was traveling at a speed estimated to have been between 15 and 20 miles per hour (24 and 32 km/h).

When Vehicle 1 entered into the intersection it impacted Vehicle 2 which was traveling through the intersection intending to make a left turn to travel southbound. The frontal plane of Vehicle 1 struck the left side plane of Vehicle 2.

The Delta V for Vehicle 1 was computed, using CRASH III PC, as 19 miles per hour (31 km/h) using a CDC of 12FDEW2 and a PDOF of 010 degrees. The combined direct and induced damage width was 53.5 inches (135.9 cm) [CRASH L = 60" (152.4 cm)], and the maximum crush depth was 11 inches (28.0 cm) at C₁. The Delta V for Vehicle 2 was computed, using CRASH III PC, as 23 miles per hour (37 km/h) using a CDC of 09LYEW4 and a PDOF of 290 degrees. The combined direct and induced damage width was 102 inches (259.1 cm), and the maximum crush depth was 21.3 inches (54.1 cm) at C₃.

After the initial impact with Vehicle 1, Vehicle 2 then collided with Vehicle 3 which was located to the right of Vehicle 2 as both vehicles were traveling in the same direction through the intersection. The right front corner and fender of Vehicle 2 impacted the left side plane of Vehicle 3. The

CDC's for this collision were 01RYEW3 for Vehicle 2 and 05LBLW2 (by photos) for Vehicle 3.

The driver of Vehicle 1 sustained moderate injuries consisting of a closed head injury with loss of consciousness, contusions and a strain; maximum AIS = AIS-2. The driver was transported to an area hospital where he was admitted for treatment.

The driver of Vehicle 2 sustained major injuries consisting of fractures, a contusion, a laceration and a strain; maximum AIS = AIS-3. The right front occupant of Vehicle 2 sustained moderate injuries consisting of a fracture and a strain; maximum AIS = AIS-2. Both the driver and right front occupant of Vehicle 2 were transported to an area hospital where they were admitted for treatment. The left rear occupant of Vehicle 2 sustained minor injuries consisting of contusions and lacerations; maximum AIS = AIS-1. The center rear occupant of Vehicle 2 sustained minor injuries consisting of contusions; maximum AIS = AIS-1. The right rear occupant of Vehicle 2 sustained minor injuries consisting of lacerations; maximum AIS = AIS-1. All of the rear occupants of Vehicle 2 were transported to an area hospital where they were treated and released.

The driver of Vehicle 3 reportedly complained of pain in the location of his neck and upper back, unknown nature or severity of the injuries, and his course of treatment is also unknown.

Vehicles 1 and 2 were towed from the scene due to damage sustained in this collision. Vehicle 3 was driven from the scene.

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crash-worthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
AIRBAG ACCIDENT INVESTIGATION
CASE NUMBER: DSI-92-AB-12

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ACCIDENT DATA:

Location: [REDACTED] Virginia
Area/Type: [REDACTED] Urban/Commercial
Date/Time: [REDACTED] Winter/Weekday
Accident Type: [REDACTED] Car/Car/Pickup - Angle

Injury Severity:

Vehicle 1: Driver (airbag case), AIS-2
Vehicle 2: Driver, AIS-3

(child case) R/F Occupant, AIS-2
(child case) L/R Occupant, AIS-1
(child case) C/R Occupant, AIS-1
R/R Occupant, AIS-1
Vehicle 3: Driver, reportedly complained of
pain, unknown nature or severity

AMBIENCE:

Viewing Conditions: No viewing
restrictions
Cloud Cover: Cloudy
Precipitation: Mist
Temperature: 30° - 35° F
(-1° - 2° C)
Road Surface: Wet

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ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	6-lane, divided 3-lane, northbound	2-lane, undivided One-way, westbound
Width:	36' (11.0 m)	24' (7.3 m)
Traffic Density:	Moderate to Heavy	Moderate to Heavy
Median:	Concrete Barrier	None
Edge:	Asphalt-paved shoulders	Asphalt/grass shoulders
Surface:	Asphalt-paved	Asphalt-paved
Reported Defects:	None	None
Co-efficient of Friction (est.):	.60 Wet	.60 Wet
Vertical Alignment:	Negative 2%	Negative 2%
Horizontal Alignment:	Straight	Straight

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ROADWAY (con't):

VEHICLE 3

Type:	2-lane, undivided One-way, westbound
Width:	24' (7.3 m)
Traffic Density:	Moderate to Heavy
Median:	None
Edge:	Asphalt/grass shoulders
Surface:	Asphalt-paved
Reported Defects:	None
Co-efficient of Friction: (estimate)	.60 Wet
Vertical Alignment:	Negative 2%
Horizontal Alignment:	Straight

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Traffic Controls:

	VEHICLE 1	VEHICLE 2
Signals:	On-color red, yellow and green traffic signals.	On-color red, yellow and green traffic signals.
Signs:	None	One-way sign
Speed Limit:	55 MPH (88 km/h)	55 MPH (88 km/h)
Markings:	Single, solid white painted line denoting east edge of roadway. Single, solid white painted lines separating northbound travel lanes. Single, yellow painted line denoting west edge of roadway. Single, solid white painted stop line for northbound travel lanes.	Single, solid white painted line denoting north edge of roadway. Single, solid white painted line separating the westbound travel lanes. Single, solid yellow painted line denoting the south edge of the roadway. Two, white painted arrows denoting left turn only for the westbound travel lanes.
	VEHICLE 3	
Signals:	On-color red, yellow and green traffic signals	
Signs:	One-way sign	
Speed Limit:	55 MPH (88 km/h)	

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TRAFFIC CONTROLS (con't.)

VEHICLE 3

Markings:

Single, solid white painted line denoting north edge of roadway. Single, solid white painted line separating the westbound travel lanes. Single, yellow painted line denoting south edge of roadway. Two, white painted arrows denoting left turn only for the westbound travel lanes.

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VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1992 Dodge Shadow ES 2-door	1985 Mazda GLC 4-door
Odometer:	8156.8 miles (13124.3 km)	127493.4 miles (205136.9 km)
Engine:	I4 / 2.2 L	4 cyl. / 1.5 L
Vehicle Modifications:	None	None
Tire Condition:	Good	Good
Manual Restraints:	3-point lap/shoulder belts L/F, R/F, L/R and R/R seating positions. 2-point lap belt C/R seating positions.	3-point lap/shoulder belt L/F and R/F seating positions. 2-point lap L/R and R/R seating positions.
Automatic Restraints:	Airbag, driver side	None
Reported Defects:	None	None
Cargo:	None	None
Windshield Damage:	None	Cracked by impact forces
Fleet:	No	No
Tow Status:	Towed due to damage	Towed due to damage

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VEHICLES (con't):

VEHICLE 3

Description:	1983 Chevrolet pickup (C-20)
Odometer:	Unknown (not inspected)
Engine:	Unknown (not inspected)
Vehicle Modifications:	None known
Tire Condition:	Appear to be in good condition in photographs
Manual Restraints:	Unknown (not inspected)
Automatic Restraints:	None
Reported Defects:	Unknown
Cargo:	200 lbs (90.7 kg) (shell on pickup)
Windshield Damage:	None viewed in photographs
Fleet:	No
Tow Status:	Driven from scene

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VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	01	01
CDC:	12FDEW2	09LYEW4
Maximum Crush:	11.0" (28.0 cm) @ C ₁	21.3" (54.1 cm) @ C ₃

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed:	40-45 MPH (64-72 km/h)	15-20 MPH (24-32 km/h)
Total Delta V:	19 MPH (31 km/h)	23 MPH (37 km/h)
Longitudinal Delta V:	-19 MPH (-31 km/h)	-8 MPH (-13 km/h)
Lateral Delta V:	-3 MPH (-5 km/h)	21 MPH (34 km/h)
Energy Dissipation:	31561.4 ft/lbs (42797.3 j)	45601.3 ft/lbs (61835.4 j)

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VEHICLE DAMAGE (con't):

	VEHICLE 2	VEHICLE 3
Object Struck:	Vehicle 3	Vehicle 2
Event Number:	02	02
CDC:	01RYEW3	05LBLW2 (CDC by photographs)
Maximum Crush:	11.0" (27.9 cm) located on the right front fender forward of the front axle	Not inspected

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 2	VEHICLE 3
Impact Speed:	15-20 MPH (24-32 km/h)	15-20 MPH (24-32 km/h)
Total Delta V:	(CDC Only) No CRASH run	(CDC Only) No CRASH run
Longitudinal Delta V:		
Lateral Delta V:		
Energy Dissipation:		

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COLLISION SEQUENCE:

Pre-Crash: This three vehicle collision occurred during the morning hours of a winter weekday at the intersection of two urban roadways in [REDACTED] County, Virginia. The weather was cloudy and misting, the roadway was wet and free of defects. Traffic was moderate to heavy and there is a posted speed limit of 55 miles per hour (88 km/h).

The two intersecting roadways consist of the following: The northbound roadway has three through travel lanes. The travel portion of the road measures 36.0 feet (11.0 m) in width. The northbound roadway is separated from the southbound roadway by a concrete barrier median. The westbound roadway is a one-way roadway consisting of two travel lanes. The travel portion of the road measures 24.0 feet (7.3 m) in width. The traffic on this roadway is required to make a left turn at the intersection to travel southbound on the intersecting trafficway. In the intersection both north and westbound travel lanes have a negative 2% grade.

Vehicle 1, a 1992 Dodge Shadow ES 2-door, was being driven northbound by a restrained 26 year old male driver at a travel speed estimated to have been between 40 and 45 miles per hour (64 and 72 km/h).

Vehicle 2, a 1985 Mazda GLC 4-door, was being driven westbound in the left travel lane by an unrestrained 31 year old female driver at a travel speed estimated to have been between 15 and 20 miles per hour (24 and 32 km/h). In the vehicle's right front seating position, was a restrained 23 year old female. In the left rear seating position, was a restrained 8 year old male (children case). The center rear seating position was occupied by an unrestrained 10 year old male (children case). Sitting in a child safety seat, in the right rear seating position, was a 1 year old male (children case).

Vehicle 3, a 1983 Chevrolet pickup truck, was being driven westbound in the right travel lane by a 35 year old driver. Vehicle 3 was traveling at a speed estimated to have been between 15 and 20 miles per hour (24 and 32 km/h).

The driver of Vehicle 1 traveled into the intersection and impacted Vehicle 2 which was traveling through the intersection on a green traffic signal intending to make a left turn

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to travel southbound. The frontal plane of Vehicle 1 struck the left side plane of Vehicle 2.

Crash: The Delta V for Vehicle 1 in this collision was computed, using CRASH III PC, as 19 miles per hour (31 km/h) using a Collision Deformation Classification (CDC) of 12FDEW2 and a Principle Direction of Force (PDOF) of 010 degrees. The combined direct and induced damage width was 53.5 inches (135.9 cm) [CRASH L = 60" (152.4 cm)], and the maximum crush depth was 11.0 inches (28.0 cm) at C₁. The Delta V for Vehicle 2 was computed, using CRASH III PC, as 23 miles per hour (37 km/h) using a CDC of 09LYEW4 and PDOF of 290 degrees. The combined direct and induced damage width was 102 inches (259.1 cm), and the maximum crush depth was 21.3 inches (54.1 cm) at C₄.

Post Crash: After the initial impact with Vehicle 1, Vehicle 2 then collided with Vehicle 3, which was located to its right, as both vehicles were traveling in the same direction through the intersection. The right front corner and fender of Vehicle 2 impacted the left side plane of Vehicle 3. The CDC's for this collision were 01RYEW3 for Vehicle 2 and 05LBLW2 (by photos) for Vehicle 3.

After impact with Vehicle 2, Vehicle 1 rotated counterclockwise approximately 110 degrees coming to a final rest position in the intersection with the front end of the vehicle in the northbound middle lane and the rear of the vehicle in the northbound right lane, facing west/southwest.

After impact with Vehicles 1 and 3, Vehicle 2 rotated approximately 125 degrees counterclockwise coming to a final rest position about in the middle of the intersection near the north median, facing southeast.

The post collision movement of Vehicle 3 was a counterclockwise rotation of approximately 145 degrees coming to a final rest position in the middle of the intersection facing southeast.

Occupant Kinematics:

The 26 year old driver of Vehicle 1 was seated in a bucket seat with a folding back, in a normal, upright seated position. The driver is 75 inches (190.5 cm) in height and weighs

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200 pounds (90.7 kg). The driver was wearing the available, manual, three-point lap and shoulder belt. Upon impact with Vehicle 1, the driver moved forward and slightly to the right. His left knee contacted the lower instrument panel which resulted in a contusion. As the driver was moving forward and up, he contacted the front header of the vehicle with his head, resulting in a closed head injury with loss of consciousness and a strained neck. As the driver's upper torso was moving forward the left shoulder and upper arm loaded onto the shoulder portion of the restraint system which resulted in contusions to the left shoulder and left upper arm.

The 31 year old driver of Vehicle 2 was seated in a bucket seat and was not wearing the available, manual, three-point lap and shoulder belt. Upon the impact with Vehicle 1, the driver moved left toward the forces of the impact and her left upper leg contacted the door which resulted in a fracture of the left femur. As the driver moved left, her head apparently contacted the roof and left side rail resulting in a fractured neck and a strained upper back. As the left side of the driver's body impacted the door, probable contact with the armrest area resulted in a contusion to the spleen. She also had a laceration on her forehead that could be attributed to the flying glass from the broken left side windows.

Occupant 2 of Vehicle 2, a 23 year old female, was in the right front bucket seat. She was wearing the manual, 3-point lap and shoulder belt. At impact, the R/F occupant moved left loading the restraint system including the buckle portion of the system which resulted in a fracture to the left pelvis. The multiple impact collision and the R/F occupant's movements in the collision resulted in a strained neck caused by the impact forces of the crash.

Occupant 3 of Vehicle 2, an 8 year old male, was in the left rear seating position at the time of the collision. He was wearing the available, manual, 2-point lap belt. At impact, the L/R occupant moved left toward the rear door of the vehicle making contact with the door which resulted in a contusion to the left lower leg. At approximately the same time, the center rear occupant also moved left resulting in inter-occupant contact which caused a contusion to the right lower leg of the L/R occupant. As a result of the collision, occupant 3 received a laceration to his tongue. It appears this could have resulted from occupant to occupant contact. As mentioned above, the occupant was wearing the manual 2-point lap belt during the crash, and as he loaded on the belt,

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it resulted in a contusion to the right side of the abdomen. The L/R occupant also had a laceration to his forehead that could be attributed to the flying glass from the left side windows which were broken during the impact with Vehicle 1.

Occupant 4 of Vehicle 2, a 10 year old male, was in the center rear seating position. The vehicle does not have any restraint system at this location. The center rear seating position is not a designated seating position; however, occupant 4 was in this location. At impact the unrestrained occupant moved left contacting the L/R occupant resulting in a contusion to the left lower leg. As the occupant moved to the right during the impact with Vehicle 3, he contacted the child safety seat in the right rear seating position resulting in a contusion to the right eye.

Occupant 5 of Vehicle 2, a 1 year old male, was in a child safety seat, in the right rear seating position. The child safety seat was properly restrained by the 2-point manual lap belt. At impact, the left side windows were broken out. The flying glass inside of the vehicle resulted in lacerations to his left temple area and forehead. The R/R occupant apparently moved around during the collision; however, there was no evidence of contact with other occupants or objects in the vehicle.

Airbag System: The case vehicle, a 1992 Dodge Shadow ES, was equipped with a driver side supplemental restraint system (airbag) that deployed as a result of a frontal impact with the left side of the 1985 Mazda GLC. The airbag was not damaged during the collision and there was no residual evidence of occupant contact.

The airbag was vented by two ports located on the back side of the bag. The ports measured 1.5 inches (3.8 cm) in diameter which were located toward the top of the bag at the 12 o'clock position.

At the time of Dynamic Science's on-site inspection of the vehicle, the bag contained six vertical fold points and five horizontal fold points referenced to the top of the steering wheel. The airbag measured 26 inches (66 cm) in diameter. Also noted at this time, were two sequences of numbers on the back side of the bag and they were as follows: [REDACTED] and [REDACTED]

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Scene Clearance: The driver of Vehicle 1 sustained moderate injuries consisting of a closed head injury with loss of consciousness, contusions and a strain; maximum AIS = AIS-2. The driver was transported to an area hospital where he was admitted for treatment.

The driver of Vehicle 2 sustained major injuries consisting of fractures, a contusion, a laceration and a strain; maximum AIS = AIS-3. The right front occupant of Vehicle 2 sustained moderate injuries consisting of a fracture and a strain; maximum AIS = AIS-2. Both the driver and right front occupant of Vehicle 2 were transported to an area hospital where they were admitted for treatment. The left rear occupant of Vehicle 2 sustained minor injuries consisting of contusions and lacerations; maximum AIS = AIS-1. The center rear occupant of Vehicle 2 sustained minor injuries consisting of contusions; maximum AIS = AIS-1. The right rear occupant of Vehicle 2 sustained minor injuries consisting of lacerations; maximum AIS = AIS-1. All of the rear occupants of Vehicle 2 were transported to an area hospital where they were treated and released.

The driver of Vehicle 3 reportedly complained of pain in the location of his neck and upper back, unknown nature or severity of the injuries, and his course of treatment is also unknown.

Vehicles 1 and 2 were towed from the scene due to damage sustained in this collision. Vehicle 3 was driven from the scene.

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DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

DRIVER (Airbag case)

Age/Sex:	26 yrs. / Male
Seated Position:	Left Front
Seat Type:	Bucket Seat
Height:	75" (190.5 cm)
Weight:	200 lbs. (90.7 kg)
Occupation:	Machinist
Pre-existing Medical Condition:	Unknown
Alcohol Involvement:	None
Driving Experience:	9 yrs.
Body Posture:	Normal upright position
Hand Position:	Both hands on the steering wheel
Foot Position:	Right on brake, left on toe pan/floor
Restraint Usage:	3-point lap/shoulder belt and automatic air bag
Additional Occupants:	None

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DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

	DRIVER	OCCUPANT # 2
Age/Sex:	31 yrs. / Female	23 yrs. / Female
Seated Position:	Left Front	Right Front
Seat Type:	Bucket Seat	Bucket Seat
Height:	Unknown	Unknown
Weight:	Unknown	Unknown
Occupation:	None	Unknown
Pre-existing Medical Condition:	Unknown	Unknown
Alcohol Involvement:	None	None
Driving Experience:	14 yrs.	N/A
Body Posture:	Unknown	Unknown
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	None	3-point manual lap/shoulder belt
Additional Occupants:	Four	

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DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

	OCCUPANT # 3	OCCUPANT # 4
Age/Sex:	8 yrs. / Male	10 yrs. / Male
Seated Position:	Left Rear	Center Rear
Seat Type:	Bench Seat	Bench Seat
Height:	Unknown	Unknown
Weight:	Unknown	Unknown
Occupation:	Minor Child	Minor Child
Pre-existing Medical Condition:	Unknown	Unknown
Alcohol Involvement:	N/A	N/A
Driving Experience:	N/A	N/A
Body Posture:	Upright	Upright
Hand Position:	Unknown	Unknown
Foot Position:	Unknown	Unknown
Restraint Usage:	2-point manual lap belt	No safety belts in this seat location
Additional Occupants:		

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DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

OCCUPANT # 5

Age/Sex: 1 yrs. / Male
Seated Position: Right Rear
Seat Type: Bench Seat
Height: Unknown
Weight: Unknown
Occupation: Minor Child
Pre-existing Medical Condition: Unknown
Alcohol Involvement: N/A
Driving Experience: N/A
Body Posture: Sitting in a child safety seat
Hand Position: Unknown
Foot Position: Unknown
Restraint Usage: Child safety seat restrained by a 2-point manual lap belt
Additional Occupants: None

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DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 3

DRIVER

Age/Sex: 35 yrs. / Male
Seated Position: Left Front
Seat Type: Bench Seat with folding back
Height: Unknown
Weight: Unknown
Occupation: State DOT
Pre-existing Medical Condition: Unknown
Alcohol Involvement: None
Driving Experience: 18 yrs.
Body Posture: Unknown
Hand Position: Unknown
Foot Position: Unknown
Restraint Usage: Unknown
Additional Occupants: None

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INJURIES:

Vehicle 1

	INJURY	OIC	ICD-9	SOURCE
DRIVER	CHI w LOC (3-4 min.)	3HWKB2	850.1	Front header
	Contusion, left knee	3KLCI1	924.11	Instrument panel
	Contusion, left shoulder	3SLCI1	923.00	Shoulder belt
	Strain, neck	3NPTM1	847.0	Front header
	Contusion, left upper arm	3ALCI1	923.03	Shoulder belt

VEHICLE 2

DRIVER	Fracture, left femur	3TLFS3	821.00	Left front door panel
	Fracture, neck	3NPFS2	805.00	Roof/left side rail
	Contusion, spleen	3MLCQ2	865.01	Left front door panel/armrest
	Strain, upper back	3BSTM1	847.1	Roof/left side rail
	Laceration, Forehead	3FSLI1	873.42	Flying glass/side windows
R/F OCCUPANT	Fracture, left pelvis	3PLFS2	808.0	Lap/shoulder belt (belt/buckle)
	Strain, neck	3NPTM1	847.0	Impact forces
L/R OCCUPANT	Contusion, right lower leg	3LRCI1	924.10	Contact with other occupant (C/R)
	Contusion, left lower leg	3LLCI1	924.10	Left rear door panel
	Laceration, forehead	3FSLI1	873.42	Flying glass/side windows
	Laceration, tongue	3FILD1	873.64	Contact with other occupant (C/R)
	Contusion, right abdomen	3MRCI1	922.2	Lap belt

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INJURIES:

Vehicle 2

	INJURY	OIC	ICD-9	SOURCE
C/R OCCUPANT	Contusion, left lower leg	3LLCI1	924.10	Contact with other occupant (L/R)
	Contusion, right eye (black eye)	3FRC01	921.0	Contact with child safety seat (R/R position)
L/R OCCUPANT	Laceration, left temple area	3HLLI1	873.40	Flying glass
	Laceration, forehead	3FSLI1	873.42	Flying glass

VEHICLE 3

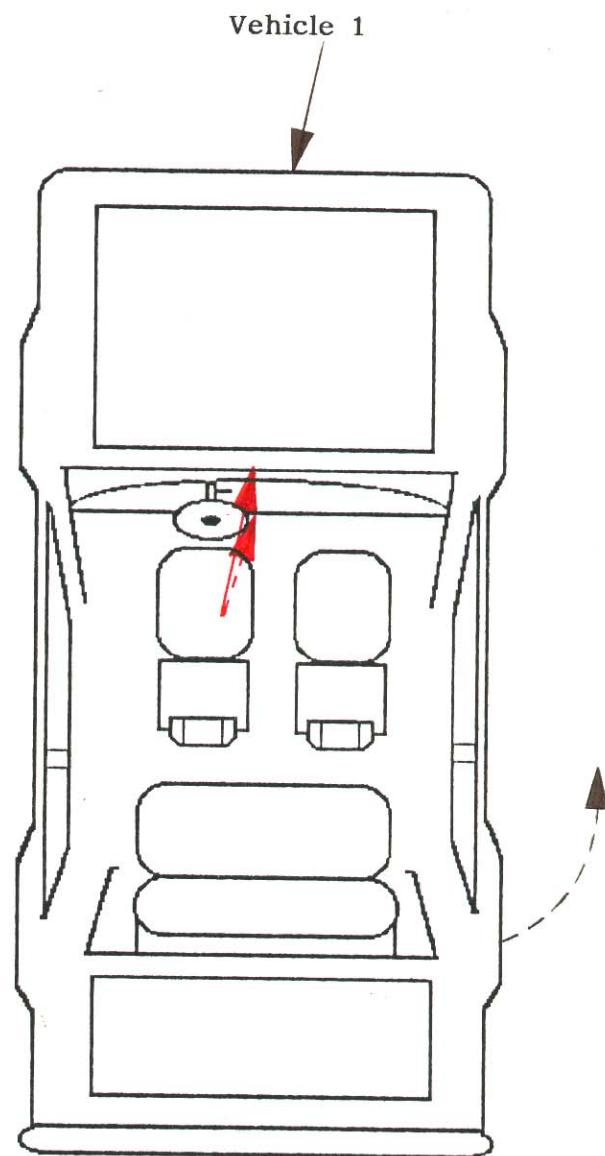
DRIVER	Reportedly complained of pain to the neck and back, unknown nature or severity
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Abbreviations Used In Scene And Photographic Documentation

,	Feet
"	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KM/H	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound

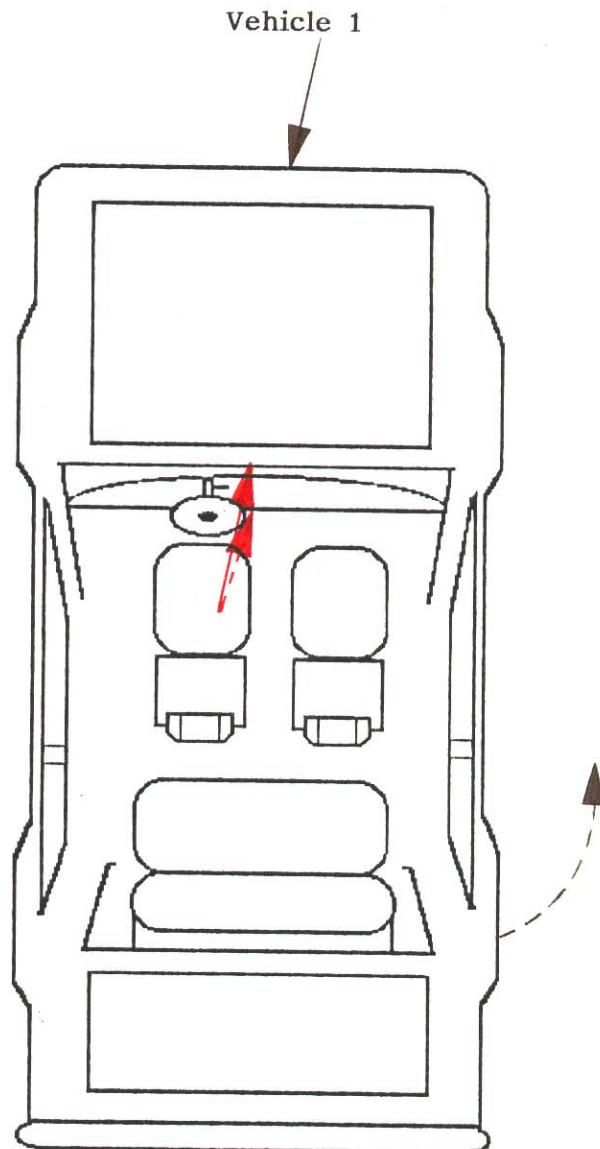
BODY CONTACTS

SOLID BLACK LINE: PDOF
DASHED BLACK LINE: Secondary Vehicle Dynamics
SOLID RED LINE: Case Occupant's Kinematics
DASHED RED LINE: Case Occupant's Secondary Movement

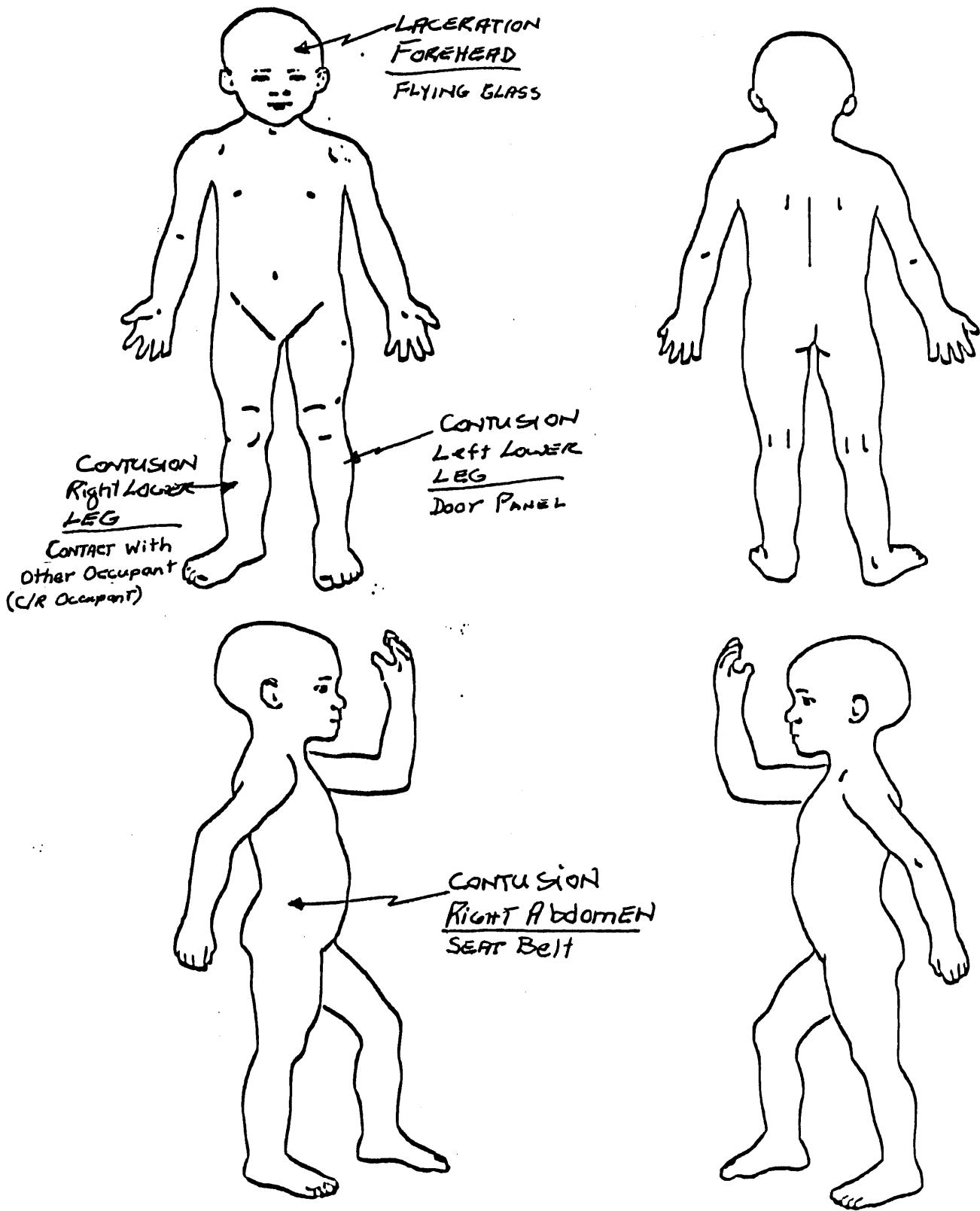


BODY CONTACTS

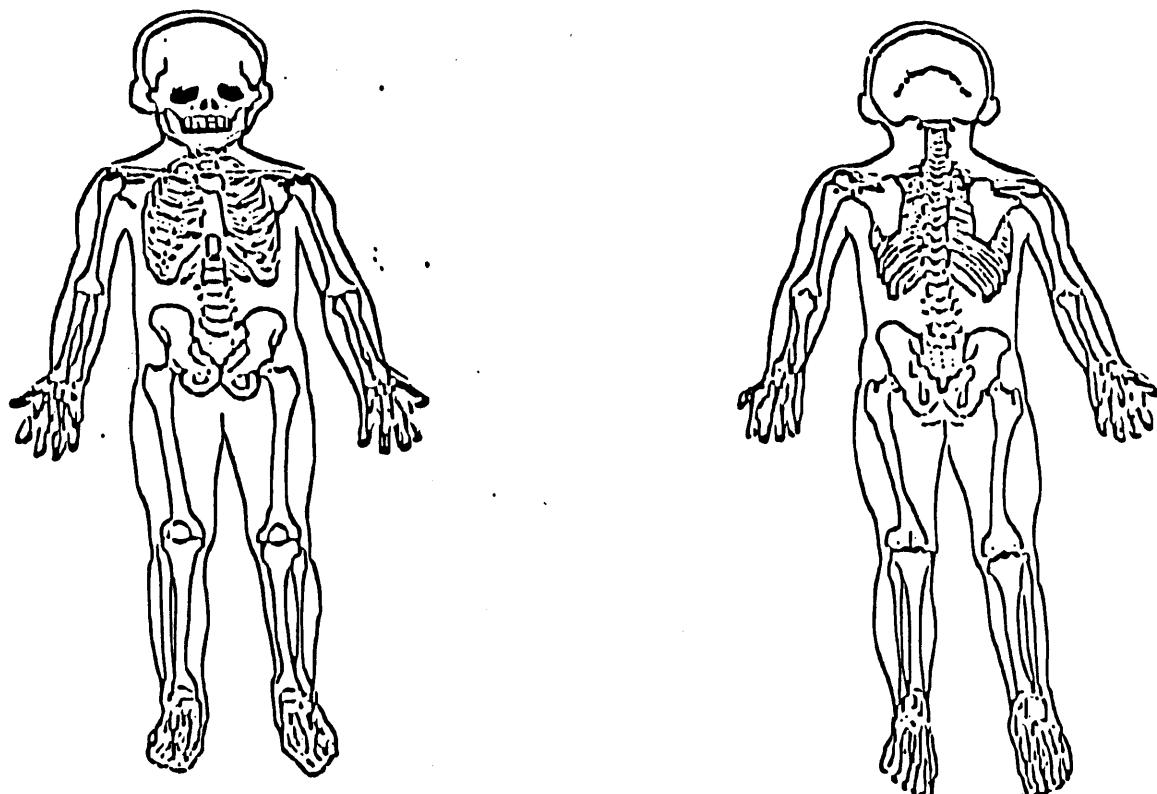
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DASHED BLACK LINE: Secondary
Vehicle Dynamics
SOLID RED LINE: Case Occupant's
Kinematics
DASHED RED LINE: Case Occupant's
Secondary Movement



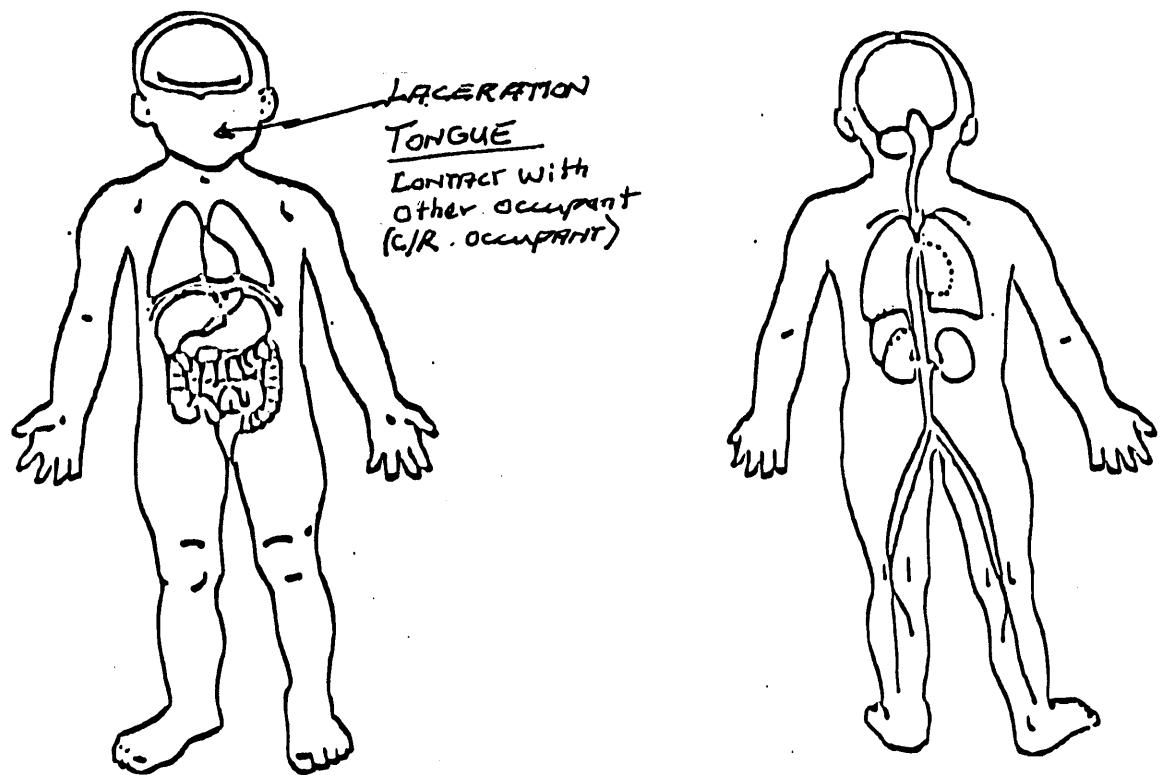
VEHICLE 2 / LEFT REAR SEATING POSITION
SOFT TISSUE INJURIES



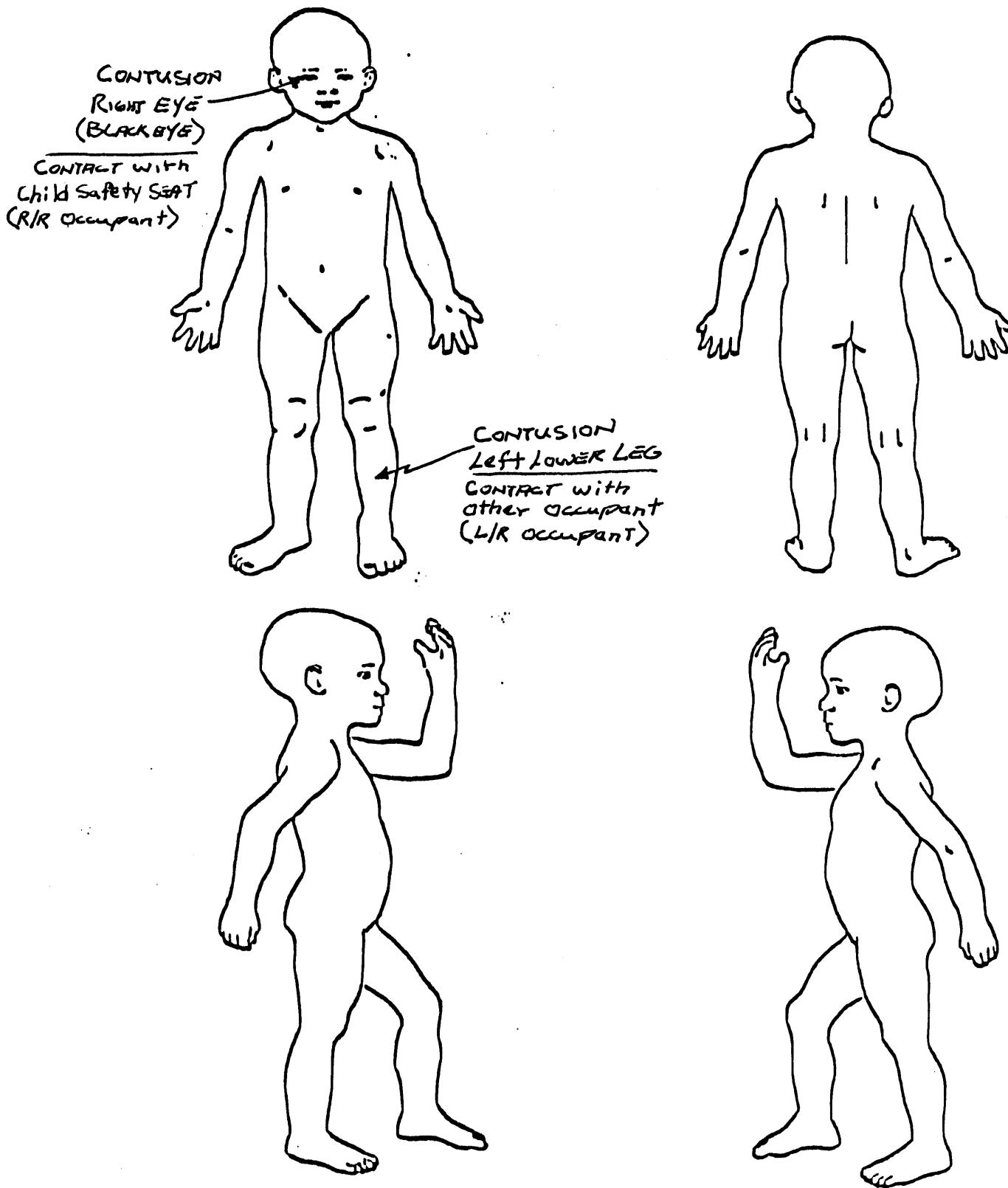
SKELETAL INJURIES



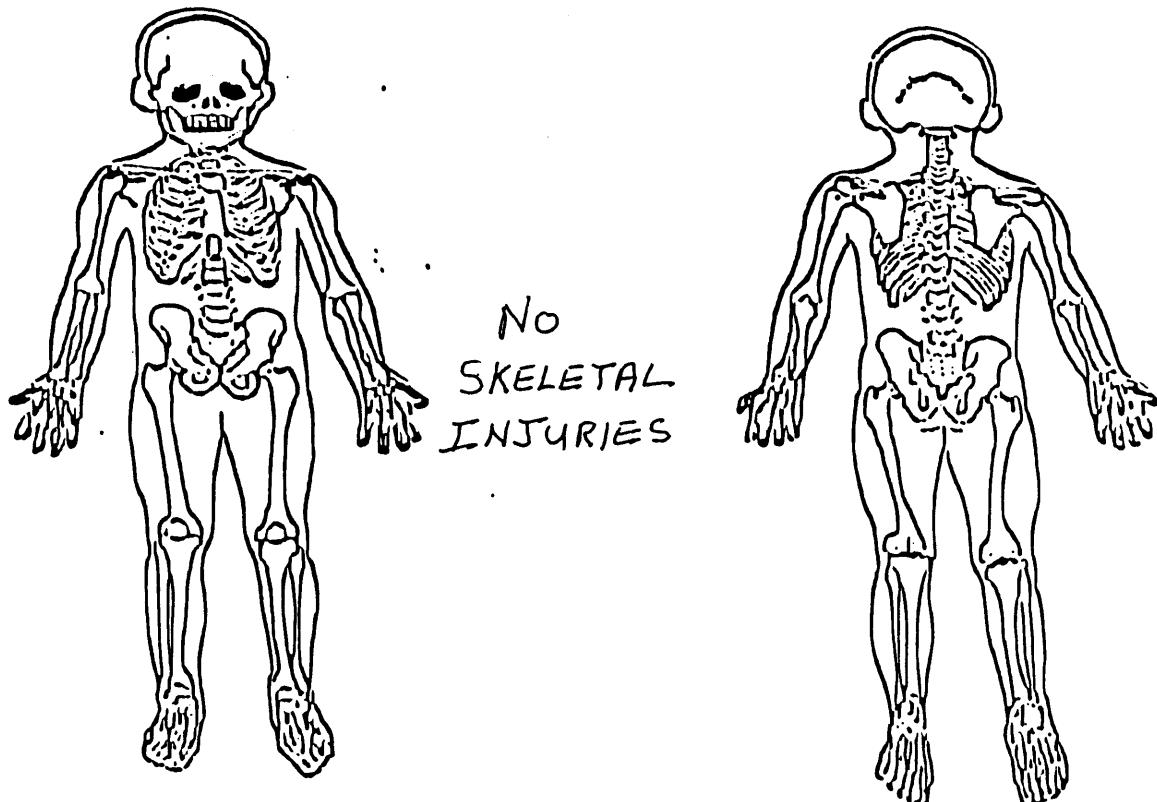
INTERNAL ORGAN INJURIES



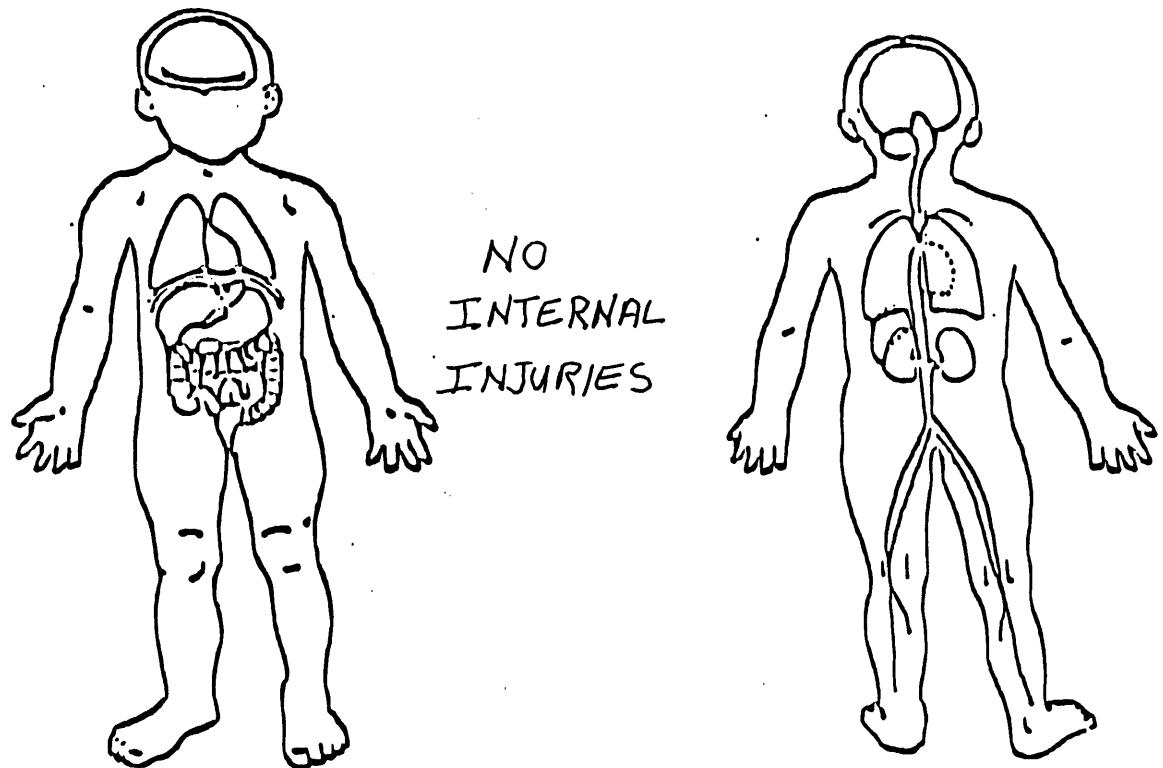
VEHICLE 2 / CENTER REAR SEATING POSITION
SOFT TISSUE INJURIES



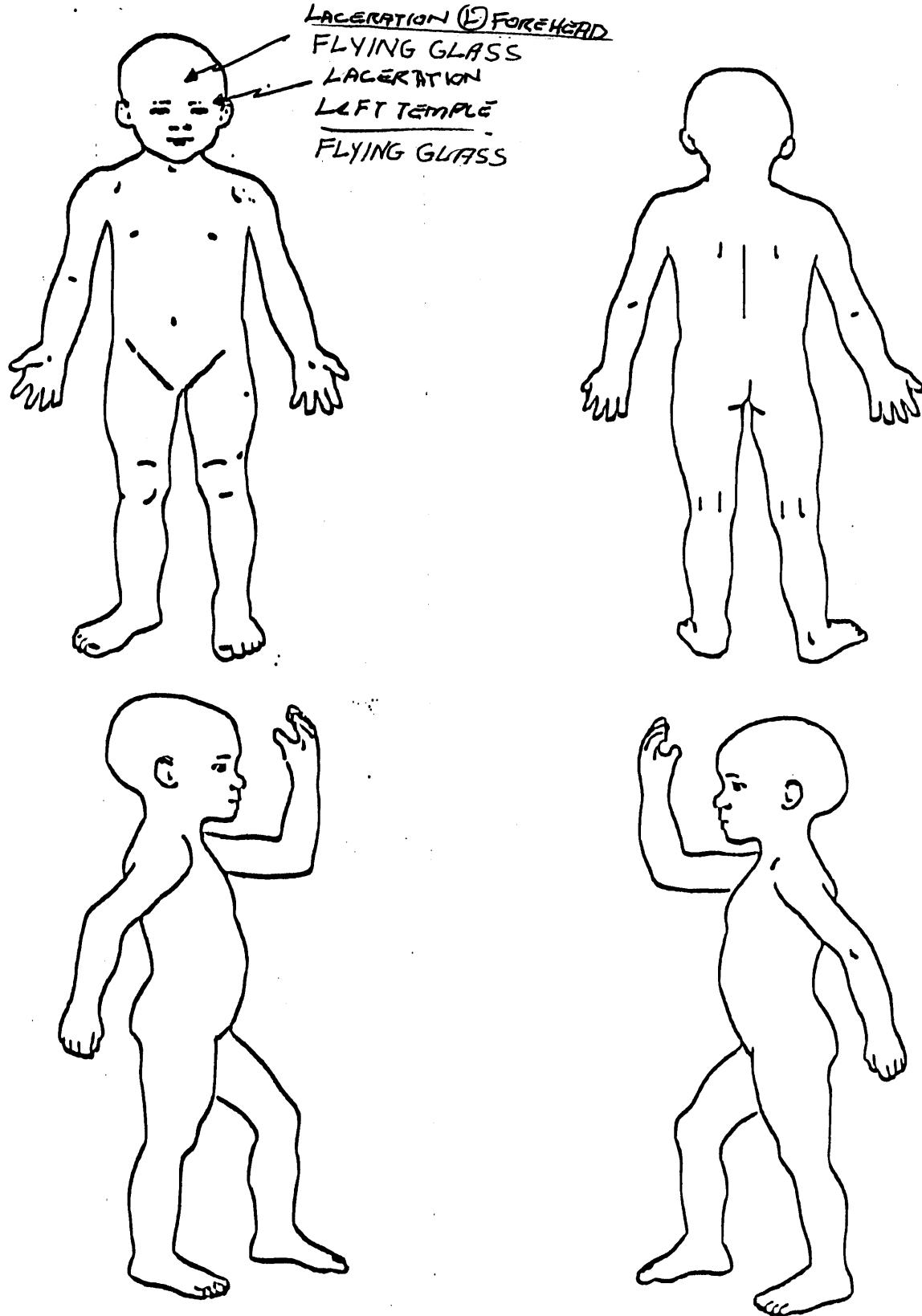
SKELETAL INJURIES



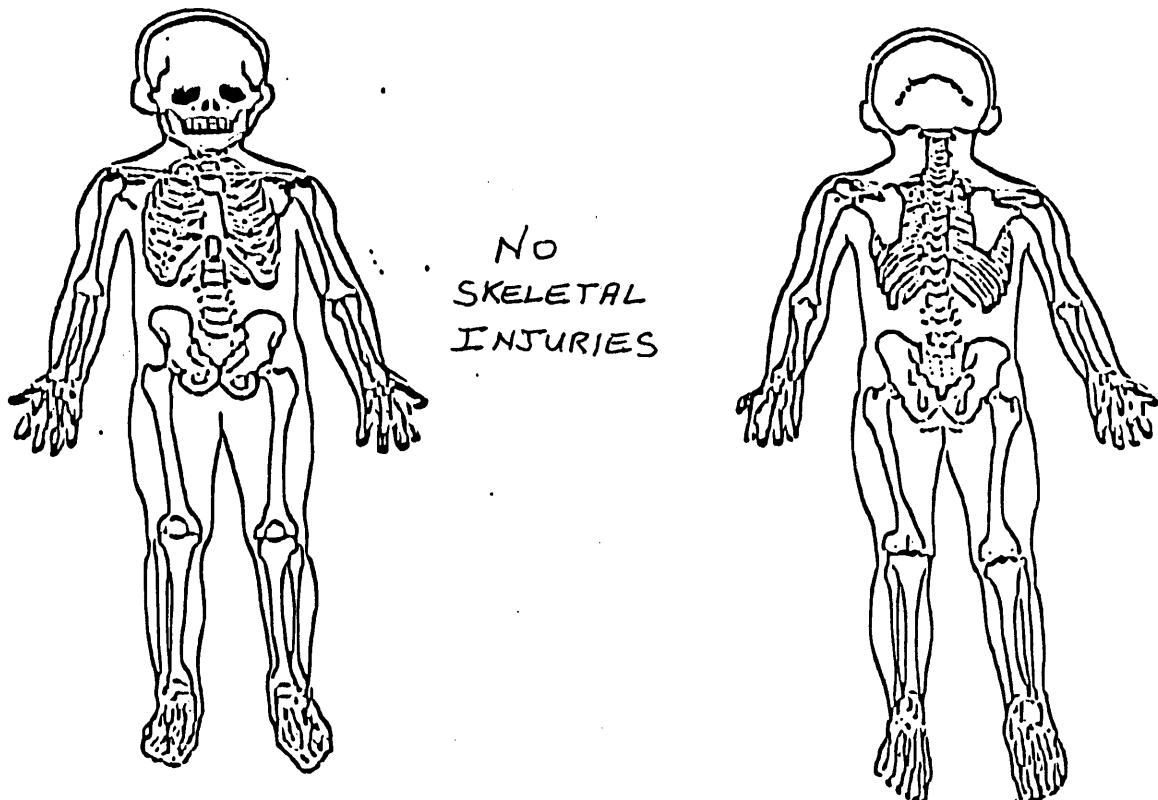
INTERNAL ORGAN INJURIES



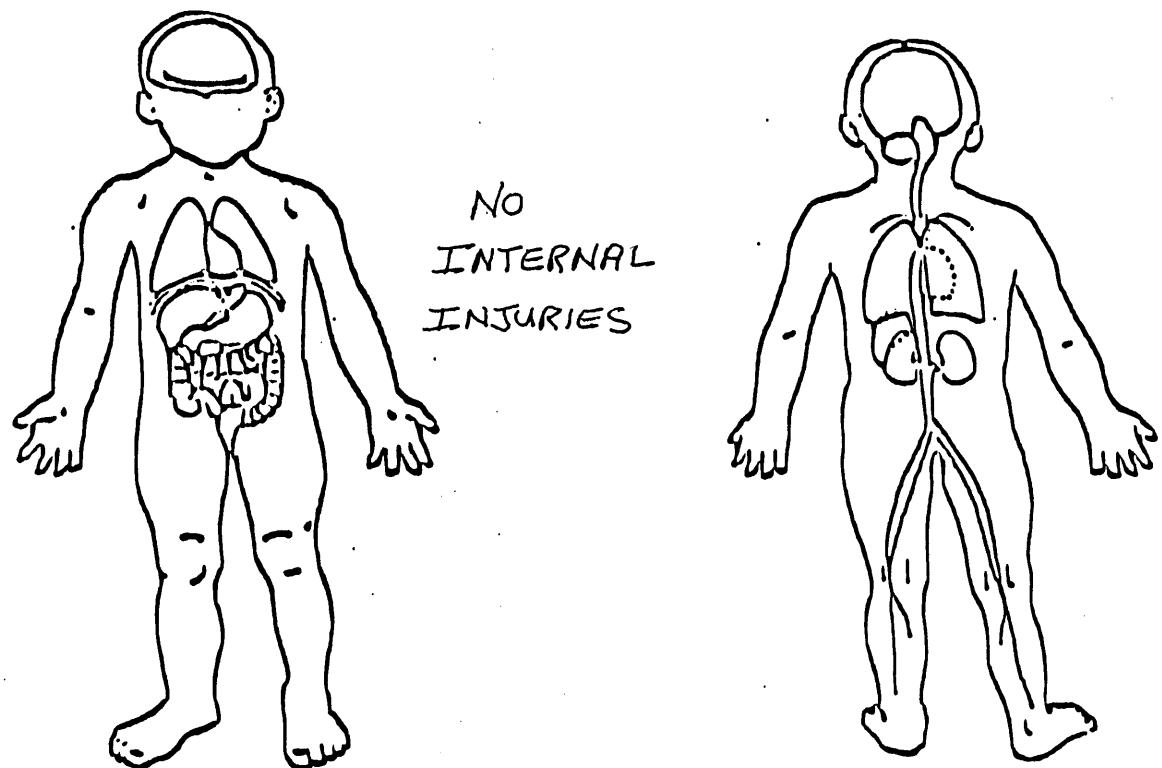
VEHICLE 2 / RIGHT REAR SEATING POSITION
SOFT TISSUE INJURIES



SKELETAL INJURIES



INTERNAL ORGAN INJURIES



CHILD SEAT DAMAGE SKETCH

CONVERTIBLE SEAT [MAY FACE FRONT OR REAR, CAPACITY BIRTH TO 50 POUNDS]

Manufacturer TAKATA-GERICO (GERRY)

Model GERRY / GUARDIAN #650

Location in Vehicle Right REAR Seating position

Vehicle number 02

Occupant number 05

(R/R SEATING POSITION)

Was It Properly Installed?

Yes

No

Unknown

Seat Positions?

Upright

Reclined

Unknown

Tether Present?

Yes

No

Unknown

Tether Used?

Yes

No

Unknown

N/A

Shield Present?

Yes

No

Unknown

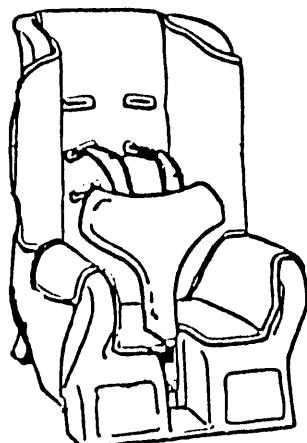
Shield Used?

Yes

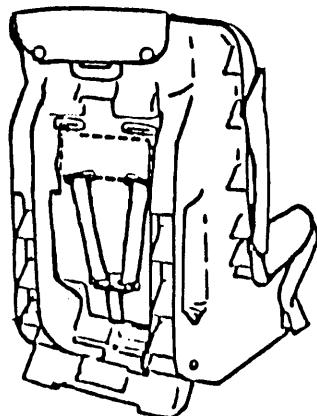
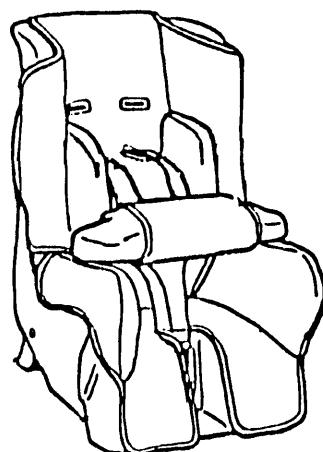
No

Unknown

N/A



NO
CONTACT
POINTS
NOTED
DURING INSPECTION



Sketch all contact points and areas of damage.

Gerry® Guardian®

1988 Revisions

Car Seat Owner's Manual

Editor's note: Retractor mechanism changed in 1987. Slight changes were also made in the shape of the recliner stand and molding of the upper portion of the seat. Newer models allow a higher placement of upper harness slots. Older models are the same seat as the Nissan Infant-Child Safety Seat.



Model #640



Deluxe Model #650
with Armrests



Manufactured by [REDACTED] Corporation Distributed by [REDACTED], CO [REDACTED]

Gerry® is a registered trademark of Gerico, Inc.
Guardian® is a registered trademark of Takata Corp.

INSTRUCTIONS

PLEASE READ AND KEEP THIS INSTRUCTION BOOKLET. INSTALL THIS CHILD RESTRAINT CAREFULLY TO INSURE MAXIMUM PROTECTION FOR YOUR CHILD. NEVER LEAVE BABY UNATTENDED.

INDEX

I. GENERAL INFORMATION	2
II. SHOULDER STRAP ADJUSTMENTS	3
III. INSTALLATION.....	5
IV. RECLINING THE GERRY GUARDIAN CAR SEAT.....	7
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VI. TEMPORARY LOCKING OF SHOULDER STRAP RELEASE ADJUSTMENT	9
VII. INSTALLATION WITH CONTINUOUS-LOOP/LAP SHOULDER BELT (Inertia-Style Vehicle Belt)	10
VIII. CARE INSTRUCTIONS	13

I. GENERAL INFORMATION

WARNING! FAILURE TO FOLLOW EACH OF THE FOLLOWING INSTRUCTIONS CAN RESULT IN YOUR CHILD STRIKING THE VEHICLE'S INTERIOR DURING A SUDDEN STOP OR CRASH.

Secure this child restraint with a vehicle belt as specified in this instruction booklet.

This restraint is certified for use in motor vehicles and aircraft.

This child restraint conforms to all applicable Federal Motor Vehicle Safety Standards.

This child restraint is designed for use only by children who weigh 40 pounds or less and are under 40 inches in height.

Place this child restraint in rear-facing position when using it with an infant (weight: under 18 lbs.).

The rear center seating position is the safest seating position in most vehicles for installing this child restraint.

This child restraint should be securely belted to the vehicle, even when unoccupied, since in crash an unsecured child restraint may injure other occupants.

Use this child restraint only on forward-facing vehicle seats.

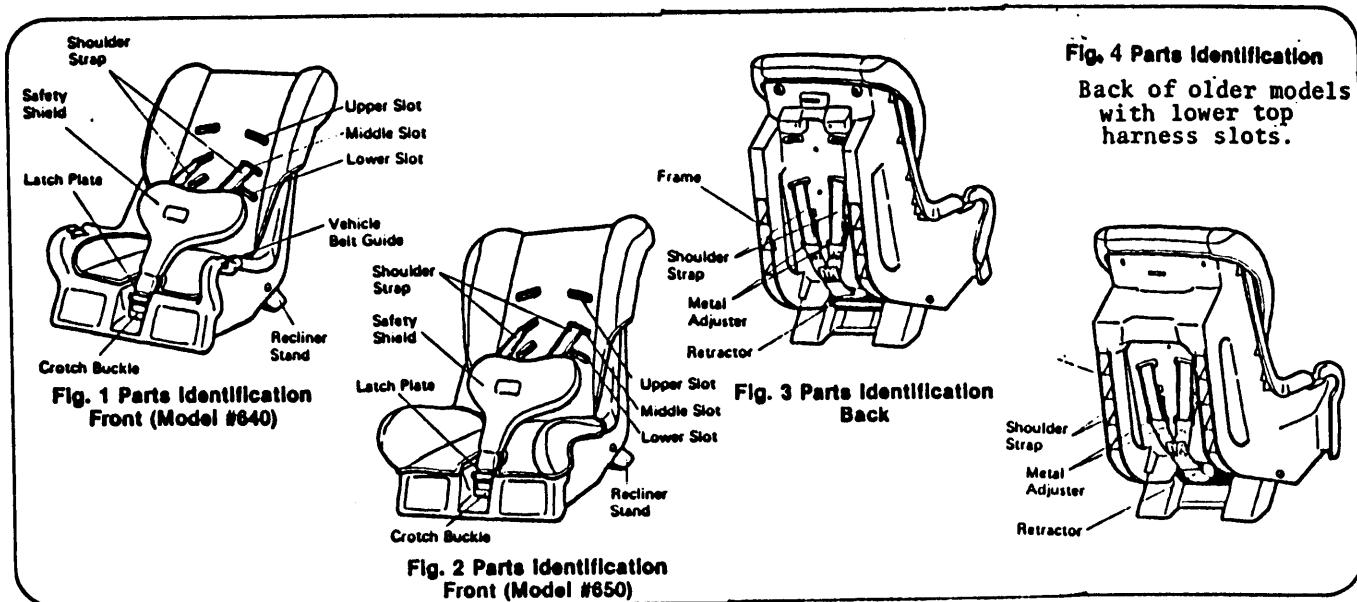
This child restraint should not be used on vehicle seats:

- If they are hinged back seats which are not equipped with a locking latch.
- If the length of seats is less than 17 inches.
- If they are equipped with passive restraint belts.

This child restraint must not be used in vehicles with lap belts that cannot be tightened securely. To use this child restraint in seating positions equipped with continuous-loop lap/shoulder belts (inertia-style vehicle belts), a locking clip is necessary to securely tighten vehicle lap belts.

Snugly adjust the belts provided with this child restraint around your child.

Gerry: Guardian



II. SHOULDER STRAP ADJUSTMENTS

The Gerry Guardian car seat shoulder straps can be adjusted to the size of your child by threading the straps through the slots in the seat back.

Note: • All shoulder strap adjustments should be made with the child in the car seat and the safety shield locked into the crotch buckle.

1. REAR-FACING (INFANT) POSITION—For infants under 18 lbs.

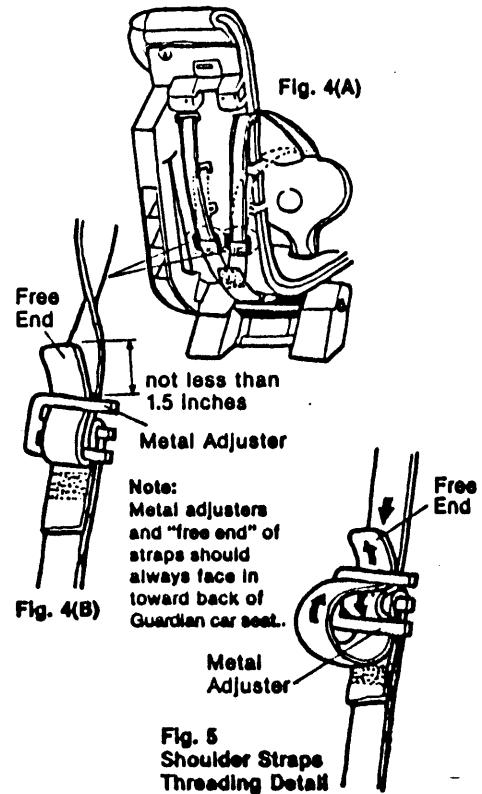
- (1) The car seat shoulder straps should be threaded through the lower or middle slots in the seat back.
- (2) If rethreading is necessary:
 - (A) Loosen the shoulder straps at the two metal adjusters in the seat back.
 - (B) Thread the straps through the lower or middle slots. Fig. 1.
 - (C) Insert the two ends of the straps into the two metal adjusters in the seat back exactly as shown in threading detail Fig. 5.
 - (D) Under normal use conditions the "free end" of the shoulder strap at the metal adjuster should be not less than 11 inches if the straps are threaded through the lower slots, or not less than 8 inches if the straps are threaded through the middle slots.
 - (E) Be certain that the shoulder straps are threaded exactly as shown in the shoulder straps threading detail. Fig. 4(B) & Fig. 5

Caution: Be certain the "free end" of the shoulder strap at the metal adjuster is never less than 1.5 inches at any time. Fig. 4(A) & 4(B).

2. FORWARD-FACING POSITION—For use by child from 18 lbs. to 40 lbs. and who are capable of sitting upright alone.

- (1) The car seat shoulder straps should be threaded through the middle or upper slots in the seat back.
- (2) If rethreading is necessary:
 - (A) Loosen the shoulder straps at the two metal adjusters in the seat back.
 - (B) Thread the straps through the slots.
 - (C) Insert the two ends of the straps into the two metal adjusters in the seat back exactly as shown in threading detail. Fig. 5.
 - (D) Under normal use conditions the "free end" of the shoulder strap at the metal adjuster should be not less than 8 inches if the straps are threaded through the middle slots, or not less than 5 inches if the straps are threaded through the upper slots.

Gerry: Guardian



(E) Be certain that the shoulder straps are threaded exactly as shown in the shoulder straps threading detail, Fig. 4(B) & Fig. 5.
 Caution: Be certain the "free end" of the shoulder strap at the metal adjuster is never less than 1.5 inches at any time. Fig. 4(A) & 4(B).

III. INSTALLATION

1. REAR-FACING (INFANT) INSTALLATION—For infants under 18 lbs.

- (1) In the rear-facing (infant) position, the Gerry Guardian car seat must be placed in its reclined position for maximum comfort and safety. Refer to "IV. RECLINING THE GERRY GUARDIAN CAR SEAT."
- (2) (Deluxe Model #650 only)
 The armrest covers of the seatpad must be repositioned and folded inside the armrest portion of the carseat shell so as not to interfere with the installation of the seat belt. Take off and fold the armrest covers of the seatpad as shown in Fig. 6 and secure in place with tape fastener.
- (3) Lap Belt Only:
 - (A) Place car seat on the vehicle seat—facing rearward and press firmly into place.
 - (B) Thread the vehicle lap belt through the vehicle belt guide exactly as shown in Fig. 7.
 - (C) Tighten the vehicle lap belt as securely as possible. If vehicle lap belt has automatic wind-up, be certain that all belt slack has been taken up.
- (4) Separate Lap/Shoulder Belt:
 If the vehicle shoulder belt is attached to the vehicle lap belt but the lap and shoulder belts are not one piece (not a continuous loop type), install car seat in accordance with instructions "Lap Belt Only," III. 1. (3)A through C.
 Caution: Do not thread the vehicle shoulder belt through the vehicle belt guide.

- (5) Continuous-Loop Lap/Shoulder Belt (Inertia-Style Vehicle Belt):
 This type of vehicle belt system does not hold the car seat securely and to use car seat with this system, A LOCKING CLIP IS REQUIRED. Refer to "VII. INSTALLATION WITH CONTINUOUS-LOOP LAP/SHOULDER BELT (Inertia-Style Vehicle Belt)."

2. FORWARD-FACING INSTALLATION—For use by child from 18 lbs. to 40 lbs.

- (1) The Gerry Guardian car seat can be used in either the upright or reclined position.
- (2) Lap Belt Only:
 - (A) Place car seat on the vehicle seat facing forward and press firmly into place.
 - (B) Thread the vehicle lap belt through car seat frame—between the frame and the shoulder straps exactly as shown in Fig. 8.
 Caution: Be certain that the buckle and latch plate of the vehicle belt do not touch the frame.
 - (C) Tighten the vehicle lap belt as securely as possible. If vehicle lap belt has automatic wind-up, be certain that all belt slack has been properly taken up.
- (3) Separate Lap/Shoulder Belt:
 If the vehicle shoulder belt is attached to the vehicle lap belt but the lap and shoulder belts are not one piece (not a continuous loop type):
 - (A) Place car seat on the vehicle seat facing forward and press firmly into place.
 - (B) Thread both vehicle lap and shoulder belts through car seat frame—between the frame and the shoulder straps.
 Caution: Be certain that the buckle and latch plate of the vehicle belt do not touch the frame.
 - (C) Tighten the vehicle lap belt as securely as possible. If vehicle lap belt has automatic wind-up, be certain that all belt slack has been properly taken up.
- (4) Continuous-Loop Lap/Shoulder Belt (Inertia-Style Vehicle Belt):
 This type of vehicle belt system does not hold the car seat securely and to use car seat with this system, A LOCKING CLIP IS REQUIRED. Refer to "VII. INSTALLATION WITH CONTINUOUS-LOOP LAP/SHOULDER BELT (Inertia-Style Vehicle Belt)."



Fig. 5

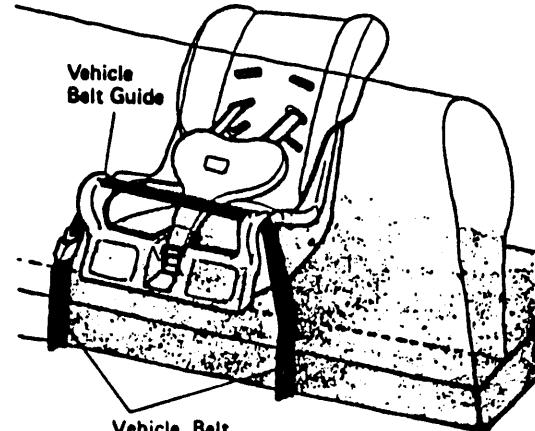


Fig. 7 Rear-Facing Position

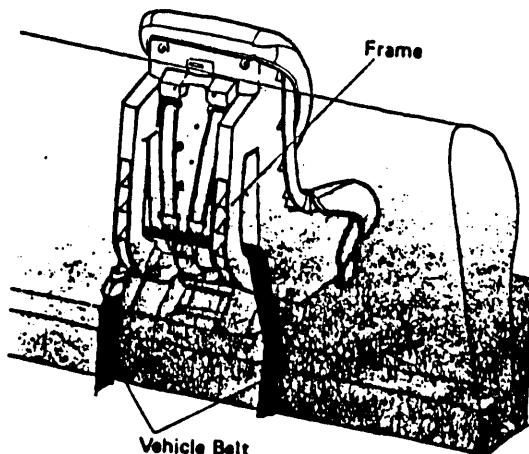


Fig. 8 Forward-Facing Position

Gerry: Guardian

IV. RECLINING THE GERRY GUARDIAN CAR SEAT

1. To recline the Gerry Guardian car seat, hold the top of the seat and tip it forward with one hand. With other hand, pull the recliner stand downward and rotate forward so it folds under the bottom of the car seat. Fig. 9.
2. To return car seat to its upright position, rotate recliner stand back to its original upright position and push in to firmly lock in place. Fig. 10.

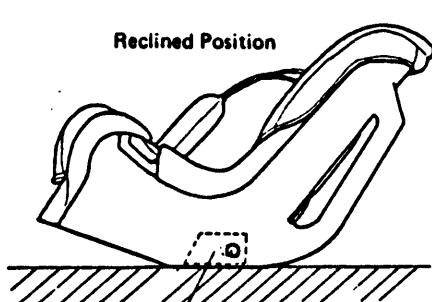


Fig. 9 Recliner Stand

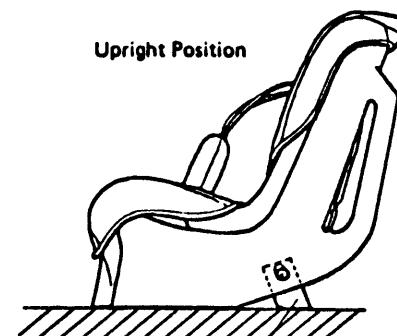
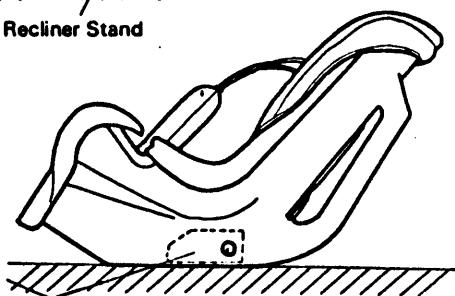


Fig. 10 Recliner Stand

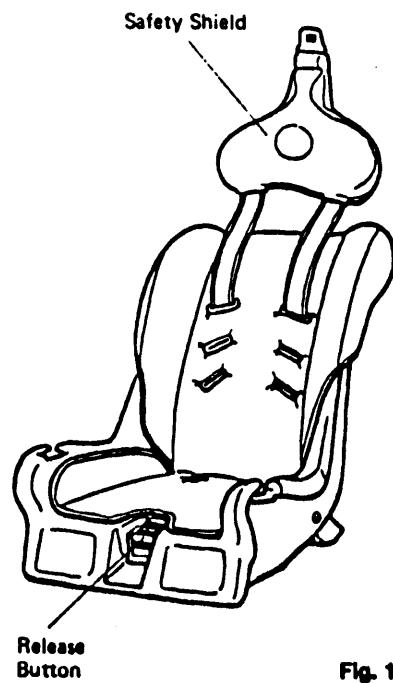


Recliner Stand pre '87 models

V. PLACING YOUR CHILD IN THE GERRY GUARDIAN CAR SEAT

1. To change car seat position from upright to reclining and back again, it is recommended that this adjustment be made without the child in the seat.
2. Press crotch buckle in the front center of the car seat and release safety shield. Slowly pull shield directly away from seat back to full extension, then place shield over back of Guardian.
Note: Car seat is equipped with a strap retractor that is sensitive to any rapid movement of the straps. To avoid locking the retractor, move the safety shield slowly. If the retractor locks, simply pause to allow the straps to retract a little, then proceed.
3. Place your child in the car seat and lift the safety shield over child's head.
4. Place the safety shield in front of the child so that the shoulder straps are lying over the child's shoulders.
5. Insert the latch plate on the safety shield into the crotch buckle.
Caution: Be certain that you hear a "click" when the buckle has been securely engaged.
6. To insure a secure fit, carseat straps should always rest across child's shoulders. If your child can easily climb out of the car seat, readjust the shoulder straps as follows:
 - (A) Lower shoulder straps to middle slot position to achieve a more snug fit.
 - (B) Tighten the shoulder straps by increasing the amount of the "free end." This can be accomplished by rethreading the shoulder straps. (See pages 4-5).

Note: No car seat is "escape proof." Please teach your child the importance of not trying to let himself out of the car seat.



Gerry: Guardian

Fig. 11

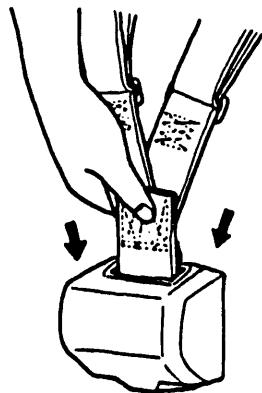
7. To remove child, repeat Step #2.

Caution: Periodically inspect crotch buckle to assure no objects (e.g., coins, safety pins, etc.) become lodged in the locking mechanism. If a foreign object is discovered use cotton swab, or tweezers to dislodge object and then turn car seat upside down and shake until object falls out. If your Guardian crotch buckle becomes hard to operate, or if you do not hear a "click" when the buckle is engaged, immediately check for foreign objects. Do not use any lubricants on crotch buckle assembly.

VI. TEMPORARY LOCKING OF SHOULDER STRAP RELEASE ADJUSTMENT

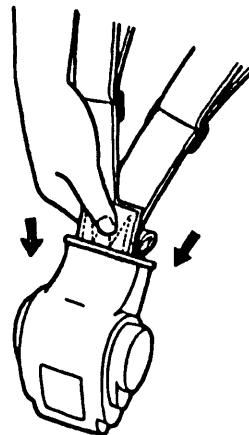
1. Temporary locking of shoulder strap release adjustment can occur if full length of belt is allowed to quickly recoil back into retractor mechanism after child is removed from the seat.
2. To release shoulder strap adjustment, grip strap directly in front of retractor mechanism cover (located on underside of molded seat), and push approximately 1/4 inches of strap back into the mechanism. Pull forward slowly to release. Repeat if necessary.

Note: Retractor belt locking can be avoided if the full belt length is not allowed to recoil quickly back into the retractor when seat is empty.



Retractor mechanism cover
located on underside
of molded seat

Fig. 12 Retractor Mechanism



pre '87 models

VII. INSTALLATION WITH CONTINUOUS-LOOP/LAP SHOULDER BELT (Inertia-Style Vehicle Belt)

1. Included with your Gerry Guardian is a "locking clip." This locking clip is required with vehicles having a latch plate with a slotted attachment that lets the latch plate slide along the belt. Fig. 11 (1). This type of vehicle belt system does not hold the Gerry Guardian car seat securely without the installation and use of the locking clip.

Gerry: Guardian

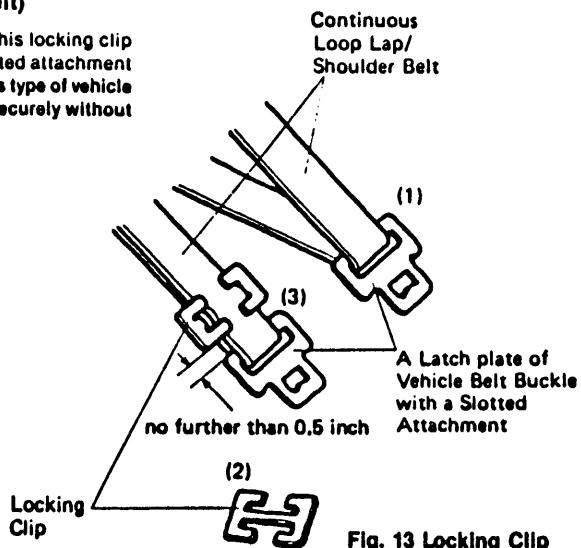
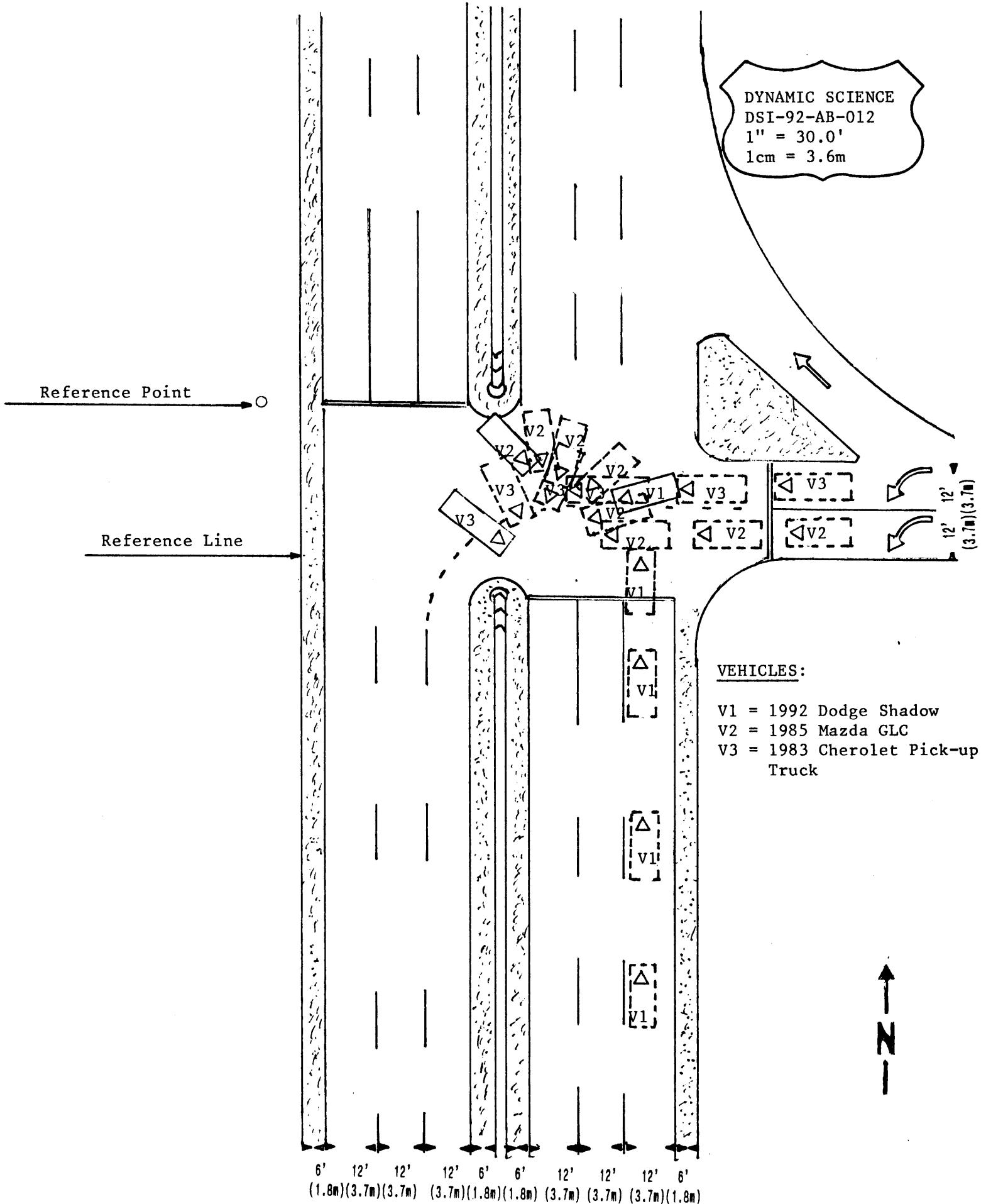


Fig. 13 Locking Clip



COLLISION MEASUREMENTS

Case Number DSI-92-AB-12

Reference Point: Utility Pole, West Side of Roadway

Reference Line: West Edge of Roadway

DATA POINT	LONGITUDINALS	LATERALS
Single, solid white painted line	0	E 6.0' (1.8 m)
1st, broken white painted line	0	E 18.0' (5.5 m)
2nd, broken white painted line	0	E 30.0' (9.1 m)
West edge line of median (yellow)	0	E 42.0' (12.8 m)
East edge line of median (yellow)	0	E 57.0' (17.4 m)
3rd, broken white painted line	0	E 69.0' (21.0 m)
4th, broken white painted line	0	E 81.0' (24.7 m)
Single, solid white painted line	0	E 93.0' (28.3 m)
East edge of roadway	0	E 99.0' (30.2 m)
Westbound lanes, north edge line (white)	S 15.0' (4.6 m)	0
Single, solid white painted line	S 27.0' (8.2 m)	0
Single, solid yellow painted line	S 39.0' (11.9 m)	0
POI # 1 (approx.)	S 35.0' (10.7 m)	E 85.0' (25.9 m)
POI # 1 (approx.)	S 25.0' (7.6 m)	E 70.0' (21.3 m)

PHOTO INDEX
(SLIDES/AIRBAG)
Case No. DSI-92-AB-12



DS9212 #1



DS9212 #2



DS9212 #3



DS 9212 #4



DS9212 #5



DS 8212 #6



DS9212 #7



DS 9212 #8



DS 8212 #9



DS9212 #10



DS9212 #11



DS9212 #12



DS9212 #13



DS9212 #14



DS9212 #15



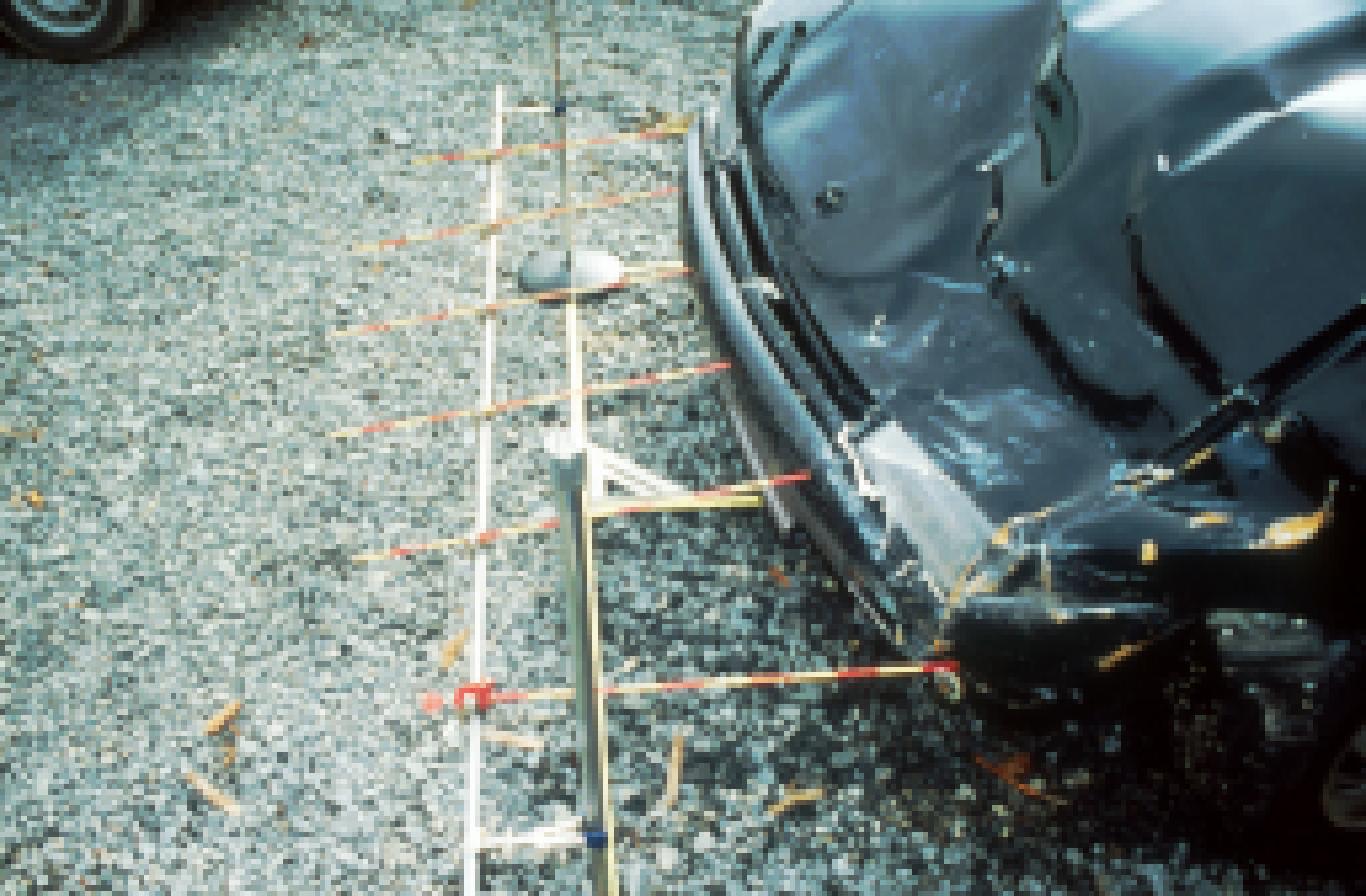
DS9212 #16
Best Available



DS9212 #17
Best Available



DS 9212 #18
Best Available



DS9212 #19
Best Available



DS 9212 #20
Best Available



DS 9212 #21



DS9212 #22



DS9212 #23



DS9212 #24



DS9212 #25



DS 8212 #26



DS 8212 #27



DS9212 #28



DS 9212 #29
Best Available



D69212 #30
Best Available



DS 0212 #31



DS 9212 #32



DS9212 #33



DS 9212 #34
Best Available



DS9212 #35
Best Available



DS9212 #36
Best Available



DS 8212 #37



DS9212 #38



DS 9212 #39
Best Available



DS9212 #40



DS 8212 #41



DS9212 #42



DS 9212 #43



DS9212 #44



DS 9212 #45



DS9212 #46



DS9212 #47



DS9212 #48



DS9212 #49



DS9212 #50



DS 8212 #51



DS 9212 #52



DS 9212 453



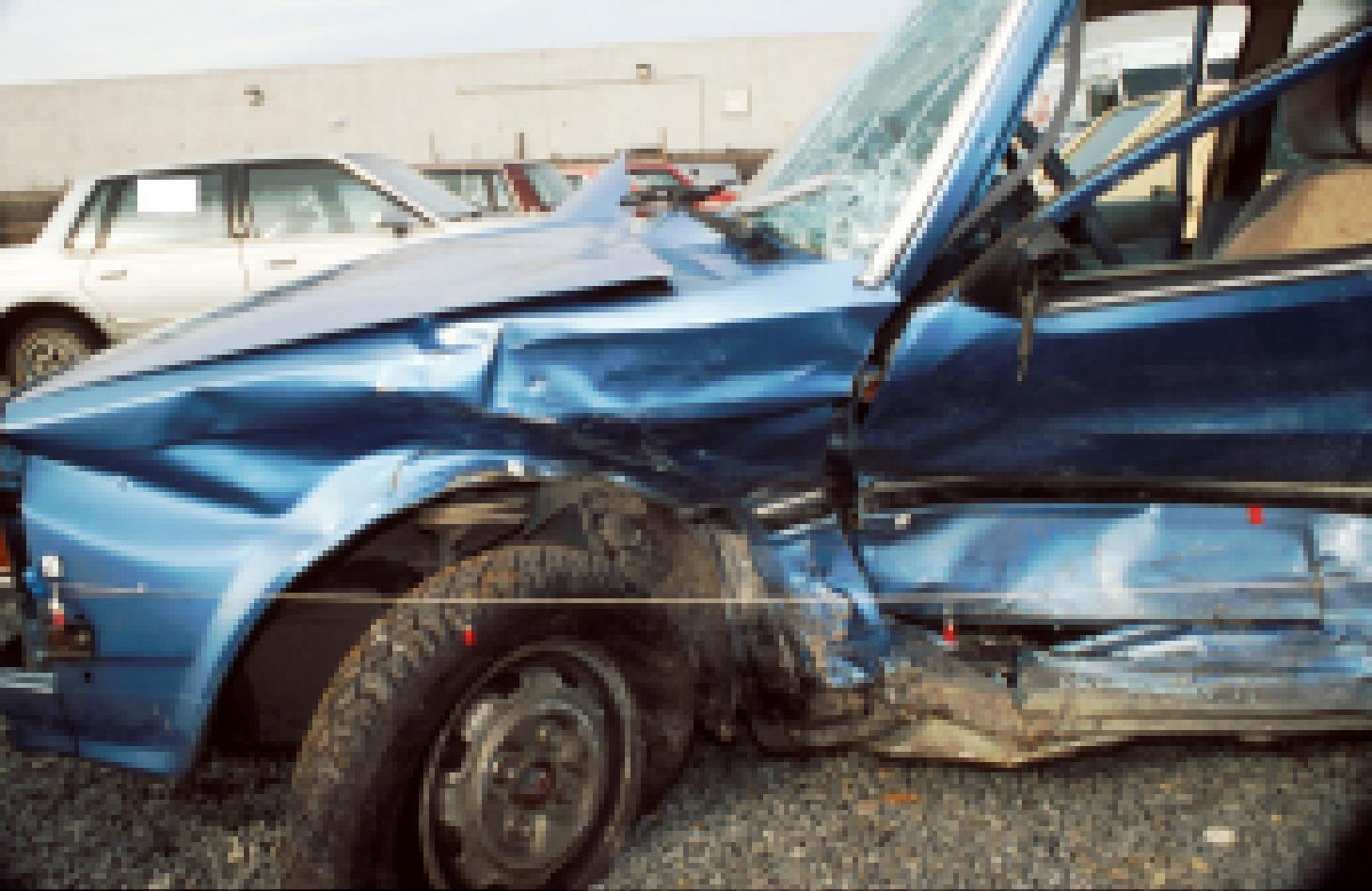
DS 9212 #54



DS9212 #55



DS9212 #56



DS 8212 #57



DS9212 #58



DS 9212 459



DS 9212 #60



DS 9212 #61



DS9212 #62
Best Available



DS 8212 #63
Best Available



DS 9212 #64



DS 8212 #65
Best Available



DS9212 #66
Best Available



DS9212 #67
Best Available



DS 9212 468



DS9212 #89
Best Available



DS9212 #70
Best Available



DS9212 #71
Best Available



DS9212 #72
Best Available



DS9212 #73
Best Available



DS 9212 #74
Best Available



DS9212 #75
Best Available

PHOTO INDEX
(PHOTOGRAPHS/CHILDREN CASE)
Case No. DSI-92-AB-12

012-1



012-2



012-3



012-4





012-7



012-8



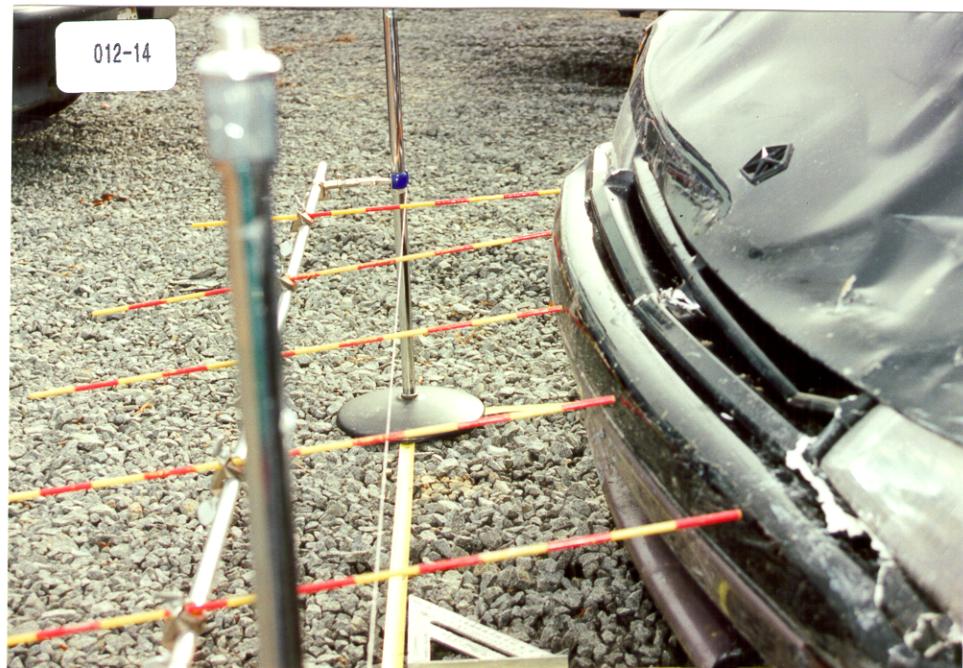


012-11



012-12







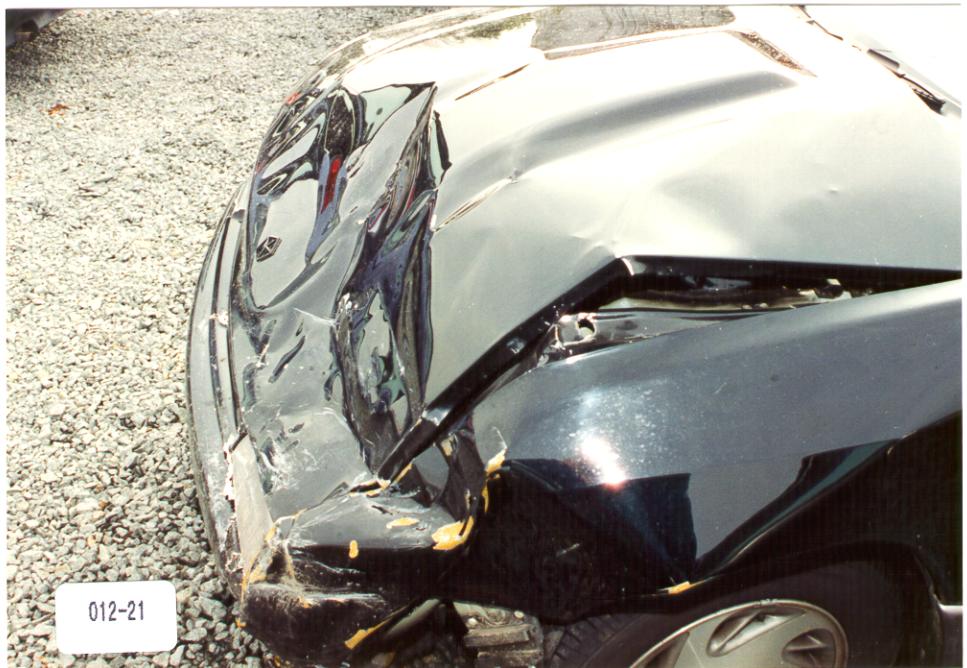


012-19



012-20





012-23



012-24







012-28



012-31



012-32

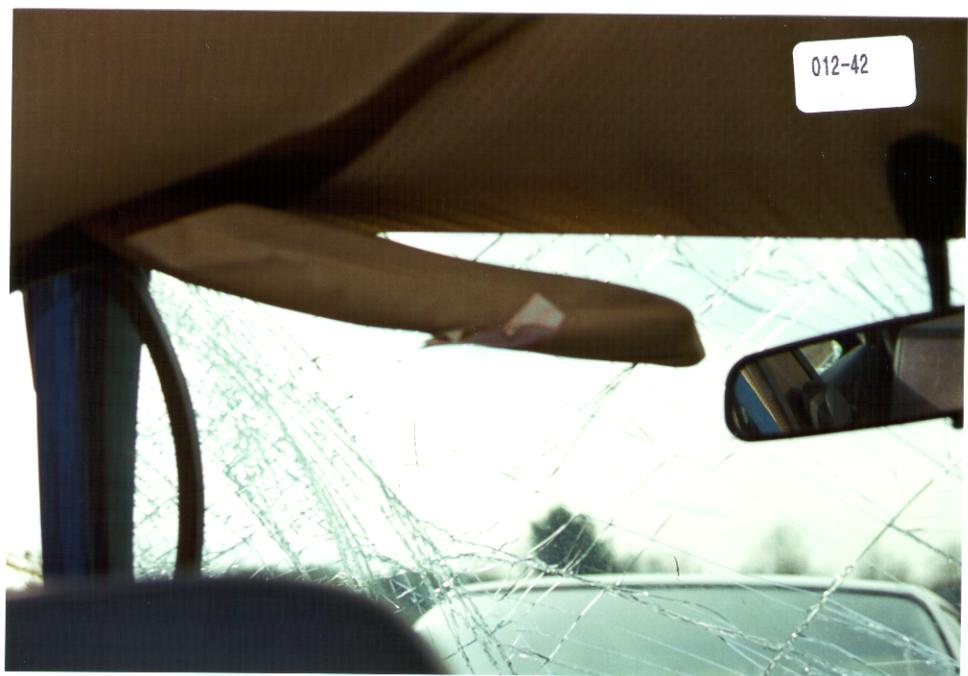




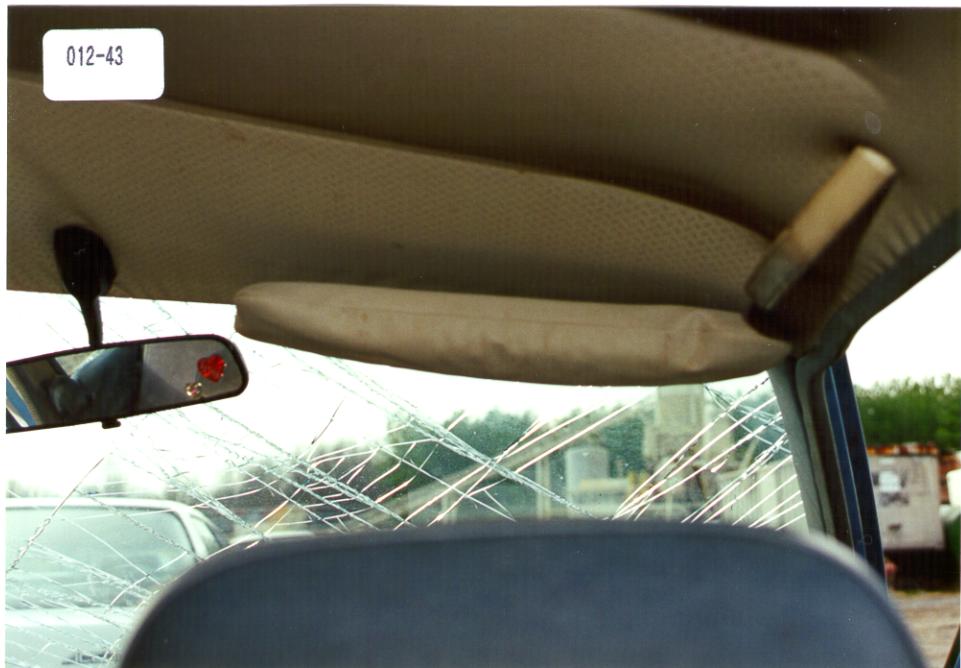








012-43



012-44





012-47



012-48















PHOTO INDEX
(ON SCENE PHOTOGRAPHS)
Case No. DSI-92-AB-12

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1	V1-V2	South	View of the FRP of Vehicle 1 and 2 Reverse travel path of Vehicle 1
2	V1-V2	North	View of the FRP of Vehicle 1 and 2
3	V1	East	View of the FRP of Vehicle 1
4	V1-V2	West	View of the FRP of Vehicle 1 and 2 Travel path of Vehicle 2 and 3
5	V1-V2-V3	East	View of the FRP of Vehicle 1, 2 and 3
6	V1-V2	East	View of the FRP of Vehicle 1 and 2
7	V3	Southwest	A close-up view of Vehicle 3 (damage)
8	V1-V2	Southeast	View of the FRP of Vehicle 1 and 2
9	V1	South	View of the FRP of Vehicle 1
10	V2	North	View of the FRP of Vehicle 2
11	V2-V3	Southeast	View of the FRP of Vehicle 2 and 3
12	V1	East	A close-up view of Vehicle 1 (damage)





012-5







012-11



012-12





ACCIDENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSJ-92-AB-11

IDENTIFICATION

3. Number of General Vehicle Forms Submitted Ø 3
4. Date of Accident (Month, Day, Year) WINTER WEEKDAY 9 2
5. Time of Accident MORNING
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS12 Not Active 0
7. SS13 Not Active 0
8. SS14 Fatal AOPS Ø
9. SS15 _____ Ø
10. SS16 _____ Ø

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident Ø 2

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>Ø 1</u>	14. <u>Ø 1</u>	15. <u>F</u>	16. <u>Ø 2</u>	17. <u>Ø 1</u>	18. <u>L</u>
19. <u>0 2</u>	20. <u>Ø 2</u>	21. <u>Ø 1</u>	22. <u>R</u>	23. <u>Ø 3</u>	24. <u>1 5</u>	25. <u>L</u>
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 – 104 inches)
- (03) Intermediate (wheelbase = 105 – 109 inches)
- (04) Full size (wheelbase = 110 – 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (\leq 10,000 lbs GVWR)
- (13) Passenger van (\leq 10,000 lbs GVWR)
- (14) Other van (\leq 10,000 lbs GVWR)
- (15) Pickup truck (\leq 10,000 lbs GVWR)
- (18) Other truck (\leq 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck ($>$ 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn – rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DS1-92-AB-12

3. Vehicle Number 0 1

VEHICLE IDENTIFICATION

4. Vehicle Model Year 9 2

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): Dodge

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): Shadow ES

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 0 2

Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1B3XP64K1NNxx-xx-xx

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed 45

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol Presence 0

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 9 6

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit 5 5

(00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver 0 1

- (00) No impact
- (01) No avoidance actions
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (97) No driver present
- (98) Other action (specify):

(99) Unknown

15. Accident Type 8 3

Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

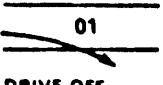
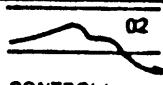
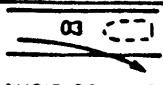
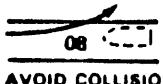
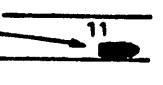
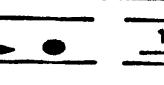
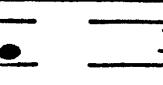
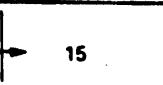
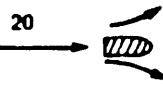
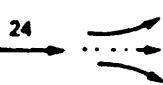
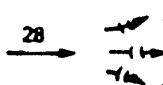
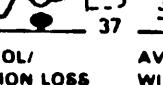
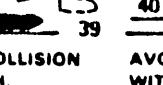
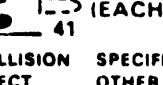
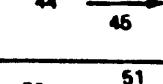
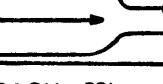
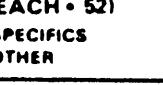
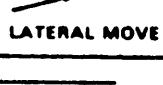
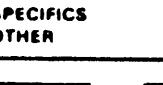
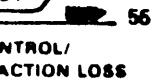
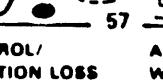
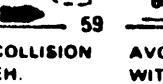
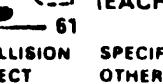
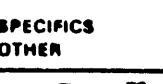
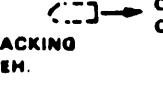
(99) Unknown

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES	
Automobiles	
(01) Convertible (excludes sun-roof, t-bar)	
(02) 2-door sedan, hardtop, coupe	
(03) 3-door/2-door hatchback	
(04) 4-door sedan, hardtop	
(05) 5-door/4-door hatchback	
(06) Station wagon (excluding van and truck based)	
(07) Hatchback, number of doors unknown	
(08) Other automobile type (specify): <hr/> (09) Unknown automobile type	
Automobile Derivatives	
(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Bret, and Rabbit pickup)	
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)	
(12) Large limousine - more than four side doors or stretched chassis	
(13) Three-wheel automobile or automobile derivative	
Utility Vehicles (\leq 10,000 lbs GVWR)	
(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-16 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)	
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)	
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)	
(19) Utility, unknown body type	
Van Based Light Trucks (\leq 10,000 lbs GVWR)	
(20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)	
(21) Large van (B160-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E160-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)	
(22) Step van or walk-in van (\leq 10,000 lbs GVWR)	
(23) Van based motorhome (\leq 10,000 lbs GVWR)	
(28) Other van type (Hi-Cube Van, Kary) (specify): <hr/> (28) Unknown van type	
Light Conventional Trucks (Pickup style cab, \leq 10,000 lbs GVWR)	
(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sunoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)	
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)	
(32) Pickup with slide-in camper	
(33) Convertible pickup	
(38) Unknown pickup style light conventional truck type	
Other Light Trucks (\leq 10,000 lbs GVWR)	
(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)	
(41) Truck based panel	
(42) Light truck based motorhome (chassis mounted)	
(45) Other light conventional truck type	
(48) Unknown light truck type	
(49) Unknown light vehicle type (automobile, utility, van, or light truck)	
OTHER VEHICLES	
Buses (Excludes Van Based)	
(50) School bus (designed to carry students, not cross country or transit)	
(58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): <hr/> (59) Unknown bus type	
Medium/Heavy Trucks ($>$ 10,000 lbs GVWR)	
(60) Step van ($>$ 10,000 lbs GVWR)	
(61) Single unit straight truck (10,000 lbs \leq GVWR \leq 19,500 lbs)	
(62) Single unit straight truck (19,500 lbs \leq GVWR \leq 26,000 lbs)	
(63) Single unit straight truck ($>$ 26,000 lbs GVWR)	
(64) Single unit straight truck, GVWR unknown	
(66) Medium/heavy truck based motorhome	
(67) Truck-tractor with no cargo trailer	
(68) Truck-tractor pulling one trailer	
(69) Truck-tractor pulling two or more trailers	
(70) Truck-tractor (unknown if pulling trailer)	
(78) Unknown medium/heavy truck type	
(79) Unknown truck type (light/medium/heavy)	
Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)	
(80) Motorcycle	
(81) Moped (motorized bicycle)	
(82) Three-wheel motorcycle or moped	
(88) Other motored cycle (minibike, motorscooter) (specify): <hr/> (88) Unknown motored cycle type	
Other Vehicles	
(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)	
(91) Snowmobile	
(92) Farm equipment other than trucks	
(93) Construction equipment other than trucks	
(97) Other vehicle type	
(98) Unknown body type	

OCCUPANT RELATED	
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	∅ 1
18. Number of Occupant Forms Submitted	∅ 1
VEHICLE WEIGHT ITEMS	
19. Vehicle Curb Weight 2615 Code weight to nearest (1186.2 kg) 00 pounds. (010) Less than 1050 pounds (135) 13,500 pounds or more (999) Unknown	∅ 2.6 00 (1179.4 kg)
Source: [REDACTED]	
20. Vehicle Cargo Weight Code weight to nearest 100 pounds. (00) Less than 50 pounds (97) 9,650 pounds or more (99) Unknown	∅. ∅ 00
RECONSTRUCTION DATA	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	∅
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	1
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): (9) Unknown	∅
24. Rollover	
(0) No rollover (no overturning)	
<i>Rollover (primarily about the longitudinal axis)</i>	
(1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): _____	
(5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown	
OVERRIDE/UNDERRIDE (THIS VEHICLE)	
25. Front Override/Underride (this Vehicle)	∅
26. Rear Override/Underride (this Vehicle)	∅
(0) No override/underride, or not an end-to-end impact	
<i>Override (see specific CDC)</i>	
(1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): _____	
<i>Underride (see specific CDC)</i>	
(4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): _____	
(7) Medium/heavy truck or bus override (9) Unknown	
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
27. Heading Angle For This Vehicle	3 6 ∅
28. Heading Angle For Other Vehicle	2 7 ∅

Category	Config- uration	ACCIDENT TYPES (Includes Intent)						
I Single Driver	A Right Roadside Departure				04	06	SPECIFICS UNKNOWN	
	B Left Roadside Departure				09	10	SPECIFICS UNKNOWN	
	C Forward Impact					15	16	SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End					(EACH • 32)	(EACH • 33)	SPECIFICS UNKNOWN
	E Forward Impact					(EACH • 42)	(EACH • 43)	SPECIFICS UNKNOWN
	F Sideswipe Angle					(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN	SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On			(EACH • 52) SPECIFICS OTHER	(EACH • 53)	SPECIFICS UNKNOWN		
	H Forward Impact					(EACH • 62)	(EACH • 63)	SPECIFICS UNKNOWN
	I Sideswipe Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67)	SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path					(EACH • 74)	(EACH • 75)	SPECIFICS UNKNOWN
	K Turn Into Path					(EACH • 84)	(EACH • 85)	SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths			(EACH • 90)	(EACH • 91)	SPECIFICS UNKNOWN		
VI Miscellaneous	M Backing Etc			98 Other Accident Type 99 Unknown Accident Type 00 No Impact	SPECIFICS UNKNOWN			

<p>29. Basis for Total Delta V (highest)</p> <p><i>Delta V Calculated</i></p> <p>(1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.</p>	<p>Secondary Highest</p> <p>32. Lateral Component of Delta V (-5.3 km/h) $\underline{-3.3}$ Nearest mph</p> <p>(NOTE: <u>00</u> means greater than -0.5 and less than +0.5 mph) (± 97) ± 96.5 mph and above $(_\underline{99})$ Unknown</p> <p>33. Energy Absorption (42797.3) $\underline{31561.4}$ Nearest 100 foot-lbs</p> <p>(NOTE: 0000 means less than 50 foot-lbs) (9997) 999,650 foot-lbs or more (9999) Unknown</p> <p>34. Confidence In Reconstruction Program Results (For Highest Delta V)</p> <p>(0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable</p>
<p>COMPUTER GENERATED DELTA V</p> <p>Secondary Highest</p> <p>30. Total Delta V (30.3 km/h) $\underline{18.8}$ Nearest mph</p> <p>(NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above $(_\underline{99})$ Unknown</p> <p>31. Longitudinal Component of Delta V (-29.9 km/h) $\underline{-18.6}$ Nearest mph</p> <p>(NOTE: <u>00</u> means greater than -0.5 and less than +0.5 mph) (± 97) ± 96.5 mph and above $(_\underline{99})$ Unknown</p>	<p>35. Type of Vehicle Inspection</p> <p>(0) No inspection (1) Complete inspection (2) Partial inspection (specify):</p> <p>36. Is this an AOPS Vehicle?</p> <p>(0) No (1) Yes</p>

IS OLDMISS APPLICABLE FOR THIS VEHICLE? YES NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? YES NO

37. Police Reported Other Drug Presence Ø

(0) No other drugs present
 (1) Yes (other drug present)
 (7) Not reported
 (8) No driver present
 (9) Unknown

38. Police Reported Observation/Perception Test Type For Driver Ø

(0) No observation/perception test given
 (1) Drug recognition technician (DRT) determination using DEC process
 (2) Behavioral
 (3) Other physical observation/perception determination (specify): _____
 (4) DEC process available, unknown if determination made
 (5) DEC process not available, unknown if other observation/perception test given
 (7) Other observation/perception test (specify): _____
 (8) No driver present

39. Other Drug Specimen Test Type For Driver Ø

(0) No specimen test given
 (1) Blood test
 (2) Urine test
 (3) Other specimen tests (specify): _____
 (7) Unspecified specimen test
 (8) No driver present
 (9) Unknown if specimen test given

DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER

DEC	Observation/ Perception	Specimen Test
Test Results	Results	
Narcotic Drug	40. <u>Ø</u>	41. <u>Ø</u>
Depressant Drug	42. <u>Ø</u>	43. <u>Ø</u>
Stimulant Drug	44. <u>Ø</u>	45. <u>Ø</u>
Hallucinogen Drug	46. <u>Ø</u>	47. <u>Ø</u>
Cannabinoid Drug	48. <u>Ø</u>	49. <u>Ø</u>
Phencyclidine (PCP)	50. <u>Ø</u>	51. <u>Ø</u>
Inhalant Drug	52. <u>Ø</u>	53. <u>Ø</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>Ø</u>	55. <u>Ø</u>

Codes For Observation/Perception Test Results

(0) No DEC observation/perception test given
 (1) Passed DEC observation/perception test
 (2) Failed DEC observation/perception test
 (3) DEC observation/perception test given—results unknown
 (8) No driver present
 (9) Unknown if DEC observation/perception test given

Codes for Specimen Test Results

(0) No specimen test given
 (1) Drug not found in specimen
 (2) Drug found in specimen
 (7) Specimen test given, results unknown or not obtained
 (8) No driver present
 (9) Unknown if specimen test given

OTHER DATA**56. Driver's Zip Code**

(00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 _____ Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

(0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):

 (9) Unknown

58. Vehicle Special Use (This Trip)

(0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

(0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type (specify):

 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

(0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

∅ ∅

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

∅

(0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):

 (8) Non-contact rollover forces (specify):

 (9) Unknown

63. Direction of Initial Roll

∅

(0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**

∅ 1

(01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):

 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 4 inches in diameter)
(42) Tree ($>$ 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
(52) Pole or post ($>$ 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver Ø

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) Ø

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	_____	3. Vehicle Number	0 1
2. Case Number - Stratum	DSL-92-AB-12		

VEHICLE IDENTIFICATION

VIN 1B3XP64K1NN Model Year 92

Vehicle Make (specify): DODGE Vehicle Model (specify): SHADOW ES

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
01	FULL FRONTAL	FULL FRONTAL

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

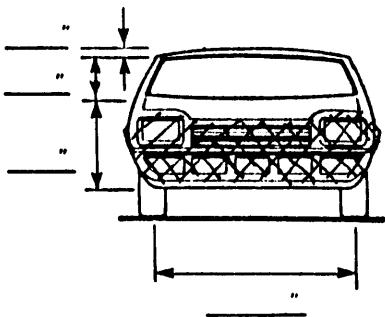
Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

VEHICLE DAMAGE SKETCH

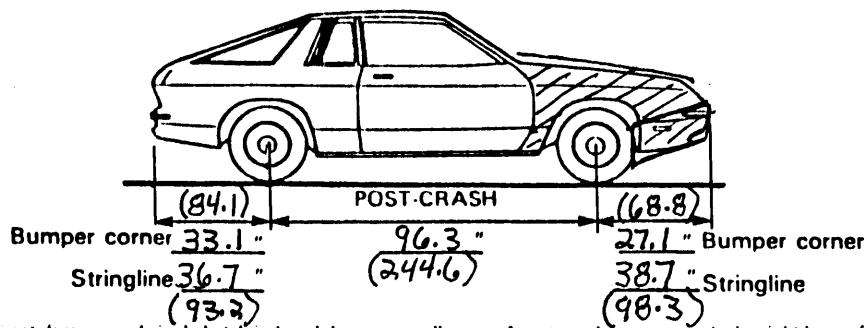
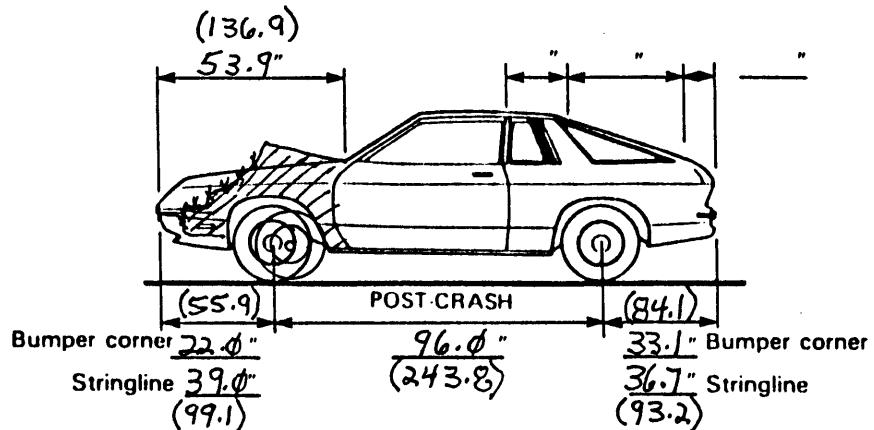
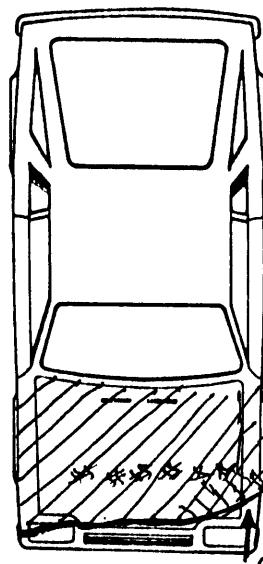
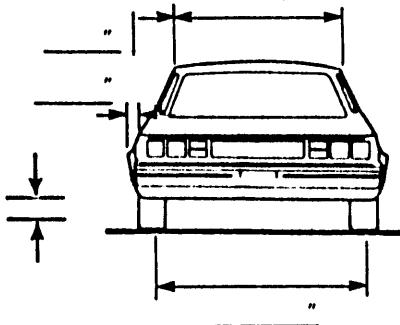
TIRE—WHEEL DAMAGE		ORIGINAL SPECIFICATIONS (METRIC)		WHEEL STEER ANGLES
a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		For locked front wheels or displaced rear axles only RF \pm <u> </u> LF <u>0</u> \pm <u>5</u> RR \pm <u> </u> LR \pm <u> </u> Within \pm 5 degrees
TYPE OF TRANSMISSION		Wheelbase <u>97.0 (246.4cm)</u> Overall Length <u>171.7 (436.1cm)</u> Maximum Width <u>67.3 (170.9cm)</u> Curb Weight <u>3615 (1186.2kg)</u> Average Track <u>57.4 (145.8cm)</u> Front Overhang <u>38.4 (97.5cm)</u> Rear Overhang <u>36.3 (92.2cm)</u> Engine Size: cyl./ displ. <u>I4 / 2.2L</u> Undeformed End Width <u>60 (152.4cm)</u>		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Approximate Cargo Weight <u> </u> ϕ		

STANDS SET AT OAL



(METRIC /cm)

Original Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (\leq 4 inches in diameter)
- (42) Tree ($>$ 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (\leq 4 inches in diameter)
- (51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
- (52) Pole or post ($>$ 12 inches in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed obje

Collision with Nonfixed Object

71 Motor vehicle not in-transport
72 Pedestrian
73 Cyclist or cycle
74 Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
--------------------------------	------------------	----------------------------	--------------------------	--------------------------------------	----------------------------------	---------------------------------	------------------------

4. Ø 1 5. Ø 2 6. 1 2 7. F 8. D 9. E 10. W 11. Ø 2

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

(METRIC /cm)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
<u>Ø 6 Ø</u> (152.4)	<u>11</u> (27.9)	<u>1 Ø</u> (25.4)	<u>Ø 8</u> (20.3)	<u>Ø 8</u> (20.3)	<u>Ø 7</u> (17.8)	<u>Ø 5</u> (12.7)	<u>+ Ø Ø Ø</u> <u>Ø Ø Ø</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ± D
-----	-----	-----	-----	-----	-----	-----	+
-----	-----	-----	-----	-----	-----	-----	-

26. Are CDCs Documented but Not Coded on The Automated File?
 (0) No
 (1) Yes

27. Researcher's Assessment of Vehicle Disposition
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown

28. Original Wheelbase _____ Code to the nearest tenth of an inch
 (9999) Unknown

Ø

1

Ø 9 7 · Ø
(246.4cm)

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?
(0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)
(9) Unknown if vehicle is modified

30. Fire Occurrence
(0) No fire

Yes, fire occurred
(1) Minor
(2) Major
(9) Unknown

31. Origin of Fire
(0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank
(0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

GLAZING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS1-92-AB-12
3. Vehicle Number Ø 1

INTEGRITY

4. Passenger Compartment Integrity Ø Ø
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR Ø 8. RR Ø 9. TG/H 1
(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF Ø 11. RF Ø 12. LR Ø 13. RR Ø 14. TG/H Ø

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

Glazing Damage from Impact Forces

15. WS Ø 16. LF Ø 17. RF Ø 18. LR Ø 19. RR Ø
20. BL Ø 21. Roof Ø 22. Other Ø

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS Ø 24. LF Ø 25. RF Ø 26. LR Ø 27. RR Ø
28. BL Ø 29. Roof Ø 30. Other Ø

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS Ø 32. LF Ø 33. RF Ø 34. LR Ø 35. RR Ø
36. BL Ø 37. Roof Ø 38. Other Ø

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify):

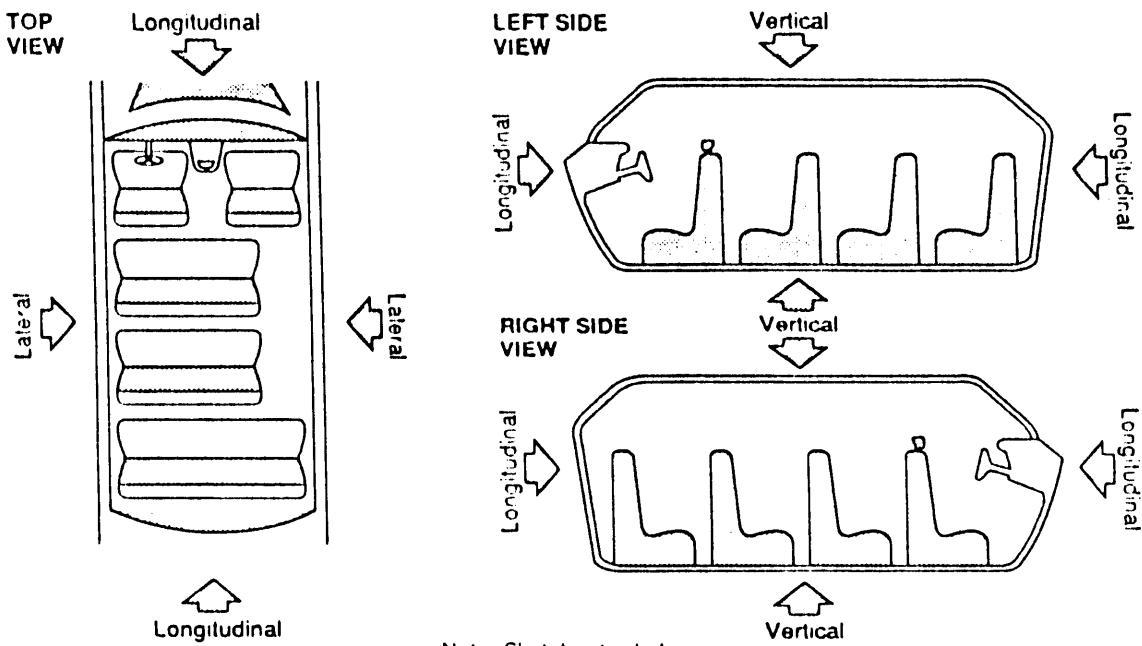
(9) Unknown

Window Precrash Glazing Status

39. WS Ø 40. LF Ø 41. RF Ø 42. LR Ø 43. RR Ø
44. BL Ø 45. Roof Ø 46. Other Ø

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET



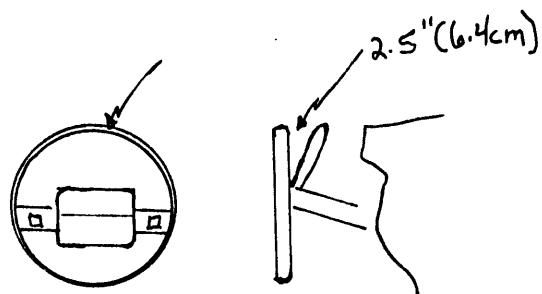
Note: Sketch intruded areas

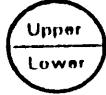
Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION																																																											
<p>Note: If no intrusions, leave variables IV47-IV86 blank.</p> <table border="1"> <thead> <tr> <th>Location of Intrusion</th> <th>Intruding Component</th> <th>Magnitude of Intrusion</th> <th>Dominant Crush Direction</th> <th></th> </tr> </thead> <tbody> <tr> <td>1st 47._____</td> <td>48._____</td> <td>49._____</td> <td>50._____</td> <td></td> </tr> <tr> <td>2nd 51._____</td> <td>52._____</td> <td>53._____</td> <td>54._____</td> <td></td> </tr> <tr> <td>3rd 55._____</td> <td>56._____</td> <td>57._____</td> <td>58._____</td> <td></td> </tr> <tr> <td>4th 59._____</td> <td>60._____</td> <td>61._____</td> <td>62._____</td> <td></td> </tr> <tr> <td>5th 63._____</td> <td>64._____</td> <td>65._____</td> <td>66._____</td> <td></td> </tr> <tr> <td>6th 67._____</td> <td>68._____</td> <td>69._____</td> <td>70._____</td> <td></td> </tr> <tr> <td>7th 71._____</td> <td>72._____</td> <td>73._____</td> <td>74._____</td> <td></td> </tr> <tr> <td>8th 75._____</td> <td>76._____</td> <td>77._____</td> <td>78._____</td> <td></td> </tr> <tr> <td>9th 79._____</td> <td>80._____</td> <td>81._____</td> <td>82._____</td> <td></td> </tr> <tr> <td>10th 83._____</td> <td>84._____</td> <td>85._____</td> <td>86._____</td> <td></td> </tr> </tbody> </table>					Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction		1st 47._____	48._____	49._____	50._____		2nd 51._____	52._____	53._____	54._____		3rd 55._____	56._____	57._____	58._____		4th 59._____	60._____	61._____	62._____		5th 63._____	64._____	65._____	66._____		6th 67._____	68._____	69._____	70._____		7th 71._____	72._____	73._____	74._____		8th 75._____	76._____	77._____	78._____		9th 79._____	80._____	81._____	82._____		10th 83._____	84._____	85._____	86._____	
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2nd 51._____	52._____	53._____	54._____																																																								
3rd 55._____	56._____	57._____	58._____																																																								
4th 59._____	60._____	61._____	62._____																																																								
5th 63._____	64._____	65._____	66._____																																																								
6th 67._____	68._____	69._____	70._____																																																								
7th 71._____	72._____	73._____	74._____																																																								
8th 75._____	76._____	77._____	78._____																																																								
9th 79._____	80._____	81._____	82._____																																																								
10th 83._____	84._____	85._____	86._____																																																								
<p>INTRUDING COMPONENT</p> <p><i>Interior Components</i></p> <p>(01) Steering assembly (02) Instrument panel left (03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A-pillar (07) B-pillar (08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) (13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back (21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion (25) Back door/panel (e.g., tailgate) (26) Other interior component (specify): (27) Side panel - forward of the A-pillar (28) Side panel - rear of the A-pillar</p> <p><i>Exterior Components</i></p> <p>(30) Hood (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment (specify): (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): (99) Unknown</p>																																																											
<p>LOCATION OF INTRUSION</p> <table border="1"> <thead> <tr> <th>Front Seat</th> <th>Fourth Seat</th> </tr> </thead> <tbody> <tr> <td>(11) Left</td> <td>(41) Left</td> </tr> <tr> <td>(12) Middle</td> <td>(42) Middle</td> </tr> <tr> <td>(13) Right</td> <td>(43) Right</td> </tr> <tr> <td>Second Seat</td> <td>(97) Catastrophic</td> </tr> <tr> <td>(21) Left</td> <td>(98) Other enclosed area (specify)</td> </tr> <tr> <td>(22) Middle</td> <td></td> </tr> <tr> <td>(23) Right</td> <td></td> </tr> <tr> <td>Third Seat</td> <td>(99) Unknown</td> </tr> <tr> <td>(31) Left</td> <td></td> </tr> <tr> <td>(32) Middle</td> <td></td> </tr> <tr> <td>(33) Right</td> <td></td> </tr> </tbody> </table>					Front Seat	Fourth Seat	(11) Left	(41) Left	(12) Middle	(42) Middle	(13) Right	(43) Right	Second Seat	(97) Catastrophic	(21) Left	(98) Other enclosed area (specify)	(22) Middle		(23) Right		Third Seat	(99) Unknown	(31) Left		(32) Middle		(33) Right																																
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<p>MAGNITUDE OF INTRUSION</p> <p>(1) ≥ 1 inch but < 3 inches (2) ≥ 3 inches but < 6 inches (3) ≥ 6 inches but < 12 inches (4) ≥ 12 inches but < 18 inches (5) ≥ 18 inches but < 24 inches (6) ≥ 24 inches (7) Catastrophic (9) Unknown</p>																																																											
<p>DOMINANT CRUSH DIRECTION</p> <p>(1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown</p>																																																											

STEERING RIM/SPOKE DEFORMATION

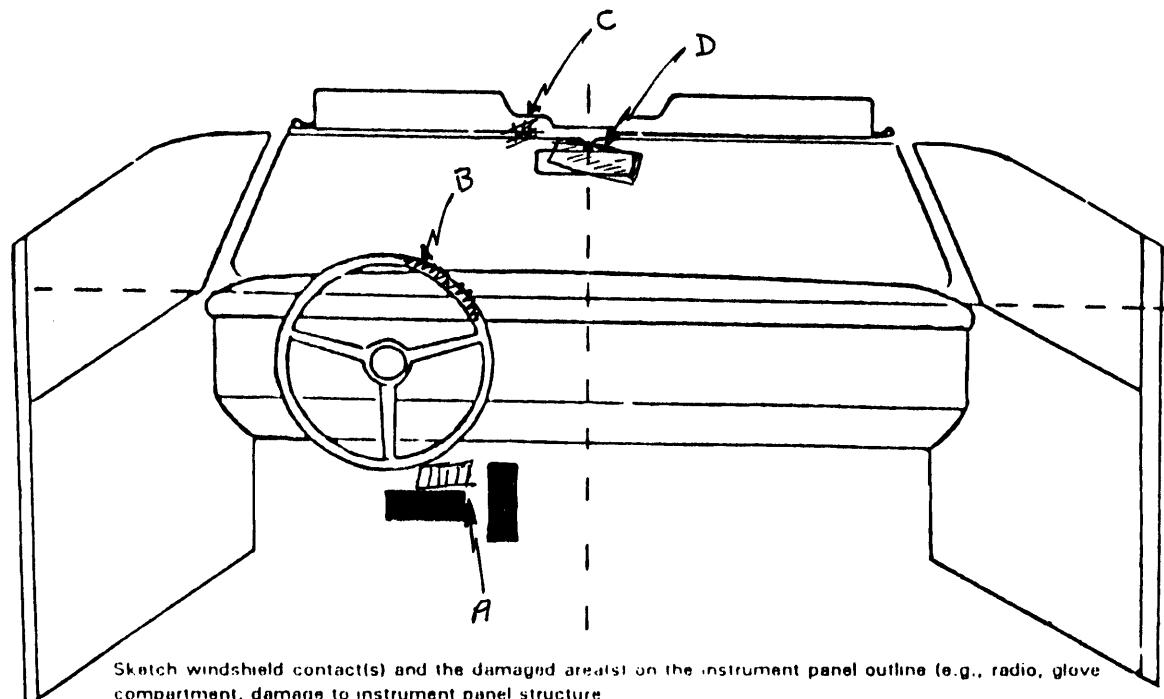
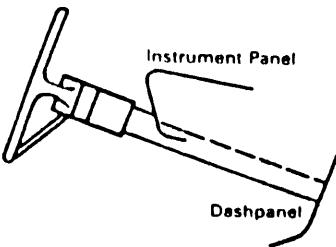
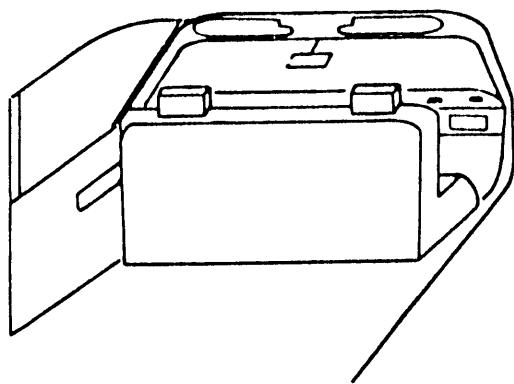
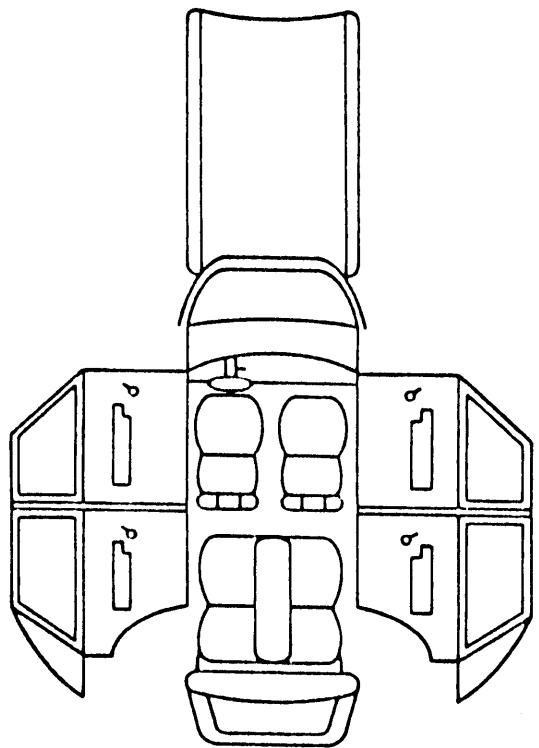
COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
3.5" (8.9cm)	-	1.0" (2.5cm)	=	2.5" (6.4cm)
	-		=	
	-		=	
	-		=	



STEERING COLUMN		
87. Steering Column Type		2
(1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown		
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X	
89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X X	
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X X	
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X X	
92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest inch. (0) No steering rim deformation (1-5) Actual measured value (6) 6 inches or more (8) Observed deformation cannot be measured (9) Unknown		3
93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation		Ø 5
<p><i>Quarter Sections</i></p>  <ul style="list-style-type: none"> (01) Section A (02) Section B (03) Section C (04) Section D <p><i>Half Sections</i></p>   <ul style="list-style-type: none"> (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke <ul style="list-style-type: none"> (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown 		
INSTRUMENT PANEL		
94. Odometer Reading (13124.3 km)	Ø Ø	8,000 (12872 km)
81,548 miles - Code mileage to the nearest 1,000 miles		
(000) No odometer (001) Less than 1,500 miles (300) 299,500 miles or more (999) Unknown		
Source: <u>Inspection</u>		
95. Instrument Panel Damage from Occupant Contact?		Ø
(0) No (1) Yes (9) Unknown		
96. Knee Bolsters Deformed from Occupant Contact?		8
(0) No (1) Yes (8) Not present (9) Unknown		
97. Did Glove Compartment Door Open During Collision(s)?		Ø
(0) No (1) Yes (8) Not present (9) Unknown		

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT					
Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	59	Ø1	R/FOOT	Displaced	1
B	Ø4	Ø1	CHEST	Deformed	1
C	14	Ø1	HEAD	ABRIDED	1
D	Ø2	Ø1	HEAD	Displaced	1
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.

- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Bolt restraint webbing/buckle
- (42) Bolt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (55) Floor (including toe pan)
- (56) Floor or console mounted transmission lever, including console
- (57) Parking brake handle
- (58) Foot controls including parking brake

REAR

- (59) Backlight (rear window)
- (60) Backlight storage rack, door, etc.
- (61) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

F		Left	Right
I	Availability/Function	/	∅
R	Deployment	/	∅
S	Failure	/	∅

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

- (9) Unknown

AUTOMATIC BELTS

F		Left	Right
I	Availability/Function	∅	∅
R	Use	∅	∅
S	Type	∅	∅
T	Proper Use	∅	∅
	Failure Modes	∅	∅

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	Ø	4
	Use	Ø4	ØØ	ØØ
	Failure Modes	1	Ø	Ø
S E C O N D	Availability	4	3	4
	Use	ØØ	ØØ	ØØ
	Failure Modes	Ø	Ø	Ø
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat			/	/		
2. Child Safety Seat Orientation			/	/		
3. Child Safety Seat Harness Usage			∅	∅		
4. Child Safety Seat Shield Usage		/				
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					
<p>1. Type of Child Safety Seat</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>2. Child Safety Seat Orientation</p> <p>(00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p>Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p> <p>3. Child Safety Seat Harness Usage</p> <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage</p> <p>Note: Options Below Are Used for Variables 3-5.</p> <p>(00) No child safety seat</p> <p>Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p>Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p>Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> <p>6. Child Safety Seat Make/Model (Specify make/model and occupant number)</p> <hr/> <hr/> <hr/> <hr/>						

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	1	Ø	1
	Seat Type	Ø2	ØØ	Ø2
	Seat Performance	1	Ø	1
	Seat Orientation	1	Ø	1
S E C O N D	Head Restraint Type/Damage	Ø	Ø	Ø
	Seat Type	Ø5	ØØ	Ø5
	Seat Performance	1	Ø	1
	Seat Orientation	1		1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No Yes

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): <hr/> (9) Unknown	(5) Integral structure (8) Other medium (specify): <hr/> (9) Unknown
Ejection Area	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): <hr/>	Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown

ENTRAPMENT No Yes

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS1-92-AB-12
3. Vehicle Number Ø 1
4. Occupant Number Ø 1

11. Occupant Posture

- (0) Normal posture
- (1) Abnormal posture (specify): _____
- (9) Unknown _____

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 26
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 75
Code actual height to the nearest inch.
(99) Unknown (190.5cm)

8. Occupant's Weight 200
Code actual weight to the nearest pounds.
(999) Unknown (90.7kg)

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

12. Ejection Ø
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area Ø
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify): _____
(9) Unknown

14. Ejection Medium Ø
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown

15. Medium Status (Immediately Prior To Impact) Ø
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes*During Accident*

(0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Did Air Bag System Fail?

(0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): AIR BAG
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____
 (9) Unknown

<p>26. Seat Type (this Occupant Position) <u>Ø 2</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown</p>	<p>30. Child Safety Seat Orientation <u>Ø Ø</u></p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>
<p>27. Seat Performance (this Occupant Position) <u>1</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): _____ (7) Combination of above (specify): _____ (8) Other (specify): _____ (9) Unknown</p>	
CHILD SAFETY SEAT	
<p>28. Child Safety Seat Make/Model <u>Ø Ø Ø</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u>Ø Ø</u></p> <p>32. Child Safety Seat Shield Usage <u>Ø Ø</u></p> <p>33. Child Safety Seat Tether Usage <u>Ø Ø</u></p> <p>Note: Options below applicable to Variables OA31-OA33.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
<p>29. Type of Child Safety Seat <u>Ø</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	1
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	
35. Treatment - Mortality	3
(0) No treatment (1) Fatal (2) Fatal - ruled disease	
<i>Nonfatal</i>	
(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): (9) Unknown	
36. Type Of Medical Facility (for Initial Treatment)	2
(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown	
37. Hospital Stay	0 1
(00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	
38. Working Days Lost	9 9
Code the number of days (up through 60) that the occupant lost from work due to the accident	
(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown	
39. Time to Death	0 0
Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)	
(00) Not fatal (96) Fatal - ruled disease (99) Unknown	
40. 1st Medically Reported Cause of Death	0 0
41. 2nd Medically Reported Cause of Death	0 0
42. 3rd Medically Reported Cause of Death	0 0
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death	
(00) Not fatal or no additional causes (97) Other result (specify): (99) Unknown	
43. Number of Recorded Injuries for This Occupant	0 5
Code the actual number of injuries recorded for this occupant.	
(00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	
99. Case Occupant	1
(0) Not the Case Occupant (1) This is the Case Occupant (2) This is the Case Occupant in another case.	

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Ø
 Function
 (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use Ø
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type Ø
 (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System Ø
 (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident Ø
 (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score Ø 2
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 9
 (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ Ø 1
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO [X] YES []

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO [] YES [X]

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	2. Case Number - Stratum	3. Vehicle Number	4. Occupant Number
	DS1-92-AB-12		

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S					Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	ICD-9		
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity						
1st	6. 3	6. H	7. W	8. K	9. B	10. 2	11. 14	12. 1	13. 1	14. 0 0	850.1
2nd	15. 3	16. K	17. L	18. E	19. I	20. 1	21. 0 9	22. 1	23. 1	24. 0 0	924.11
3rd	26. 3	26. S	27. L	28. C	29. I	30. 1	31. 4 1	32. 1	33. 1	34. 0 0	923.00
4th	36. 3	36. N	37. P	38. I	39. M	40. 1	41. 1 4	42. 1	43. 2	44. 0 0	847.0
5th	46. 3	46. A	47. L	48. C	49. I	50. 1	51. 4 1	52. 1	53. 1	54. 0 0	923.03
6th	56. —	56. —	57. —	58. —	59. —	60. —	61. —	62. —	63. —	64. —	—
7th	66. —	66. —	67. —	68. —	69. —	70. —	71. —	72. —	73. —	74. —	—
8th	76. —	76. —	77. —	78. —	79. —	80. —	81. —	82. —	83. —	84. —	—
9th	86. —	86. —	87. —	88. —	89. —	90. —	91. —	92. —	93. —	94. —	—
10th	96. —	96. —	97. —	98. —	99. —	100. —	101. —	102. —	103. —	104. —	—

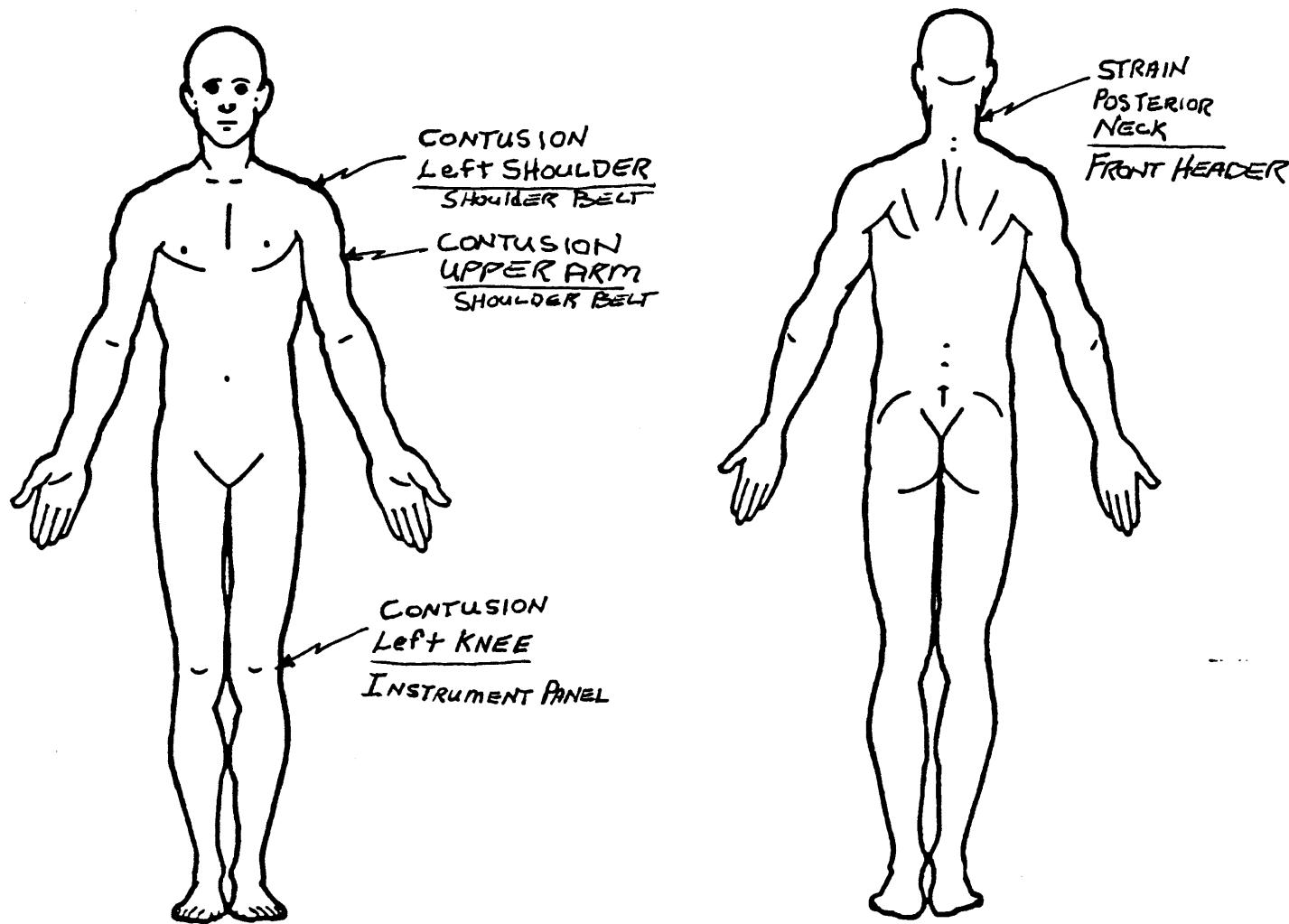
OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—

ICD-9

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA <p>OFFICIAL</p> <p>(1) Autopsy records with or without hospital medical records (2) Hospital medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic</p> <p>UNOFFICIAL</p> <p>(5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police</p>		<p>(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (27) Other left side object (specify):</p> <p>(28) Left side window sill</p> <p>RIGHT SIDE</p> <p>(30) Right side interior surface, excluding hardware or armrests (31) Right side hardware or armrest (32) Right A pillar (33) Right B pillar (34) Other right pillar (specify):</p> <p>(35) Right side window glass or frame (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail. (37) Other right side object (specify):</p> <p>(38) Right side window sill</p> <p>INTERIOR</p> <p>(40) Seat, back support (41) Belt restraint webbing/buckle (42) Belt restraint B-pillar attachment point (43) Other restraint system component (specify): (44) Head restraint system (45) Air bag (46) Other occupants (specify):</p> <p>(47) Interior loose objects (48) Child safety seat (specify):</p> <p>(49) Other interior object (specify):</p> <p>ROOF</p> <p>(50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top</p> <p>FLOOR</p> <p>(56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake</p> <p>REAR</p> <p>(60) Backlight (rear window)</p> <p>(61) Backlight storage rack, door, etc. (62) Other rear object (specify):</p> <p>EXTERIOR OF OCCUPANT'S VEHICLE</p> <p>(65) Hood (66) Outside hardware (e.g., outside mirror, antenna) (67) Other exterior surface or tires (specify): (68) Unknown exterior objects</p> <p>EXTERIOR OF OTHER MOTOR VEHICLE</p> <p>(70) Front bumper (71) Hood edge (72) Other front of vehicle (specify):</p> <p>(73) Hood (74) Hood ornament (75) Windshield, roof rail, A-pillar (76) Side surface (77) Side mirrors (78) Other side protrusions (specify):</p> <p>(79) Rear surface (80) Undercarriage (81) Tires and wheels (82) Other exterior of other motor vehicle (specify):</p> <p>(83) Unknown exterior of other motor vehicle</p> <p>OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT</p> <p>(84) Ground (85) Other vehicle or object (specify):</p> <p>(86) Unknown vehicle or object</p> <p>NONCONTACT INJURY</p> <p>(90) Fire in vehicle (91) Flying glass (92) Other noncontact injury source (specify): (93) Air bag exhaust gases (97) Injured, unknown source</p>																																																																																													
<p>INJURY SOURCE CONFIDENCE LEVEL</p> <p>(1) Certain (2) Probable (3) Possible (9) Unknown</p> <p>DIRECT/INDIRECT INJURY</p> <p>(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source</p>																																																																																															
<p>OCCUPANT INJURY CLASSIFICATION</p> <table border="1"> <thead> <tr> <th>O.I.C. Body Region</th> <th>Aspect of Injury</th> <th>System/Organ</th> <th>Abbreviated Injury Scale</th> </tr> </thead> <tbody> <tr> <td>(M) Abdomen</td> <td>(A) Anterior-front</td> <td>(F) Fracture</td> <td>(L) Liver</td> </tr> <tr> <td>(Q) Ankle - foot</td> <td>(B) Bilateral (rib fracture only)</td> <td>(Z) Fracture and dislocation</td> <td>(M) Muscles</td> </tr> <tr> <td>(A) Arm (upper)</td> <td>(C) Central</td> <td>(U) Injured, unknown lesion</td> <td>(N) Nervous system</td> </tr> <tr> <td>(B) Back-thoracolumbar spine</td> <td>(II) Interior-lower</td> <td>(L) Laceration</td> <td>(P) Pulmonary-lungs</td> </tr> <tr> <td>(C) Chest</td> <td>(U) Injured, unknown aspect</td> <td>(O) Other</td> <td>(R) Respiratory</td> </tr> <tr> <td>(L) Elbow</td> <td>(L) Left</td> <td>(P) Perforation, puncture</td> <td>(S) Skeletal</td> </tr> <tr> <td>(F) Face</td> <td>(P) Posterior-back</td> <td>(R) Rupture</td> <td>(C) Spinal cord</td> </tr> <tr> <td>(H) Forearm</td> <td>(R) Right</td> <td>(S) Sprain</td> <td>(Q) Spleen</td> </tr> <tr> <td>(H) Head - skull</td> <td>(S) Superior-upper</td> <td>(T) Strain</td> <td>(T) Thyroid, other endocrine gland</td> </tr> <tr> <td>(U) Injured, unknown region</td> <td>(W) Whole region</td> <td>(E) Total severance, transection</td> <td>(V) Vertebrae</td> </tr> <tr> <td>(K) Knee</td> <td>Lesion</td> <td></td> <td></td> </tr> <tr> <td>(L) Leg (lower)</td> <td>(A) Abrasion</td> <td>(W) All systems in region</td> <td></td> </tr> <tr> <td>(Y) Lower limb(s) (whole or unknown part)</td> <td>(M) Amputation</td> <td>(A) Arteries-veins</td> <td>(1) Minor injury</td> </tr> <tr> <td>(N) Neck - cervical spine</td> <td>(V) Avulsion</td> <td>(B) Brain</td> <td>(2) Moderate injury</td> </tr> <tr> <td>(P) Pelvic - hip</td> <td>(B) Burn</td> <td>(D) Digestive</td> <td>(3) Serious injury</td> </tr> <tr> <td>(S) Shoulder</td> <td>(K) Concussion</td> <td>(E) Ears</td> <td>(4) Severe injury</td> </tr> <tr> <td>(T) Thigh</td> <td>(C) Contusion</td> <td>(O) Eye</td> <td>(5) Critical injury</td> </tr> <tr> <td>(X) Upper limb(s) (whole or unknown part)</td> <td>(N) Crush</td> <td>(H) Heart</td> <td>(6) Maximum (untreatable)</td> </tr> <tr> <td>(O) Whole body</td> <td>(G) Detachment, separation</td> <td>(U) Injured, unknown system</td> <td>(7) Injured, unknown severity</td> </tr> <tr> <td>(W) Wrist - hand</td> <td>(D) Dislocation</td> <td>(I) Integumentary</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(J) Joints</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(K) Kidneys</td> <td></td> </tr> </tbody> </table>				O.I.C. Body Region	Aspect of Injury	System/Organ	Abbreviated Injury Scale	(M) Abdomen	(A) Anterior-front	(F) Fracture	(L) Liver	(Q) Ankle - foot	(B) Bilateral (rib fracture only)	(Z) Fracture and dislocation	(M) Muscles	(A) Arm (upper)	(C) Central	(U) Injured, unknown lesion	(N) Nervous system	(B) Back-thoracolumbar spine	(II) Interior-lower	(L) Laceration	(P) Pulmonary-lungs	(C) Chest	(U) Injured, unknown aspect	(O) Other	(R) Respiratory	(L) Elbow	(L) Left	(P) Perforation, puncture	(S) Skeletal	(F) Face	(P) Posterior-back	(R) Rupture	(C) Spinal cord	(H) Forearm	(R) Right	(S) Sprain	(Q) Spleen	(H) Head - skull	(S) Superior-upper	(T) Strain	(T) Thyroid, other endocrine gland	(U) Injured, unknown region	(W) Whole region	(E) Total severance, transection	(V) Vertebrae	(K) Knee	Lesion			(L) Leg (lower)	(A) Abrasion	(W) All systems in region		(Y) Lower limb(s) (whole or unknown part)	(M) Amputation	(A) Arteries-veins	(1) Minor injury	(N) Neck - cervical spine	(V) Avulsion	(B) Brain	(2) Moderate injury	(P) Pelvic - hip	(B) Burn	(D) Digestive	(3) Serious injury	(S) Shoulder	(K) Concussion	(E) Ears	(4) Severe injury	(T) Thigh	(C) Contusion	(O) Eye	(5) Critical injury	(X) Upper limb(s) (whole or unknown part)	(N) Crush	(H) Heart	(6) Maximum (untreatable)	(O) Whole body	(G) Detachment, separation	(U) Injured, unknown system	(7) Injured, unknown severity	(W) Wrist - hand	(D) Dislocation	(I) Integumentary				(J) Joints				(K) Kidneys	
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OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

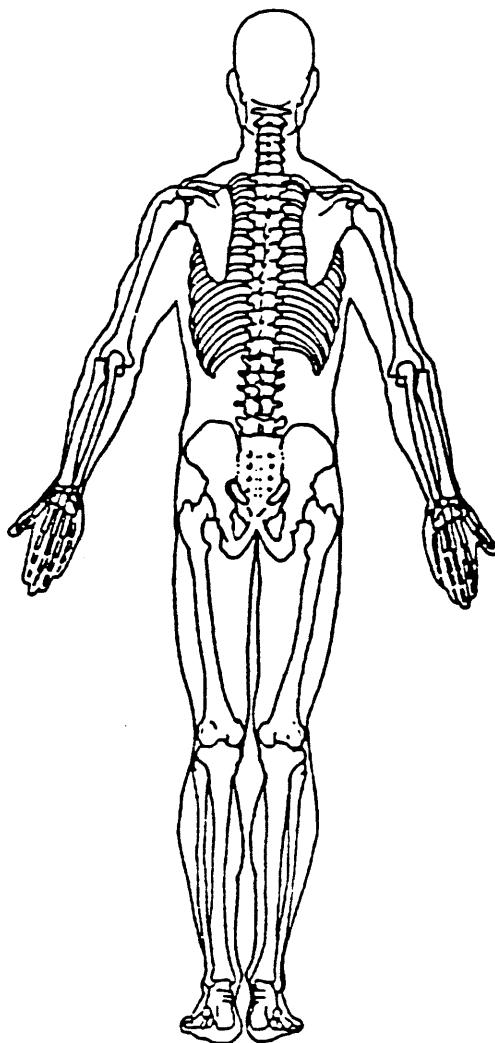
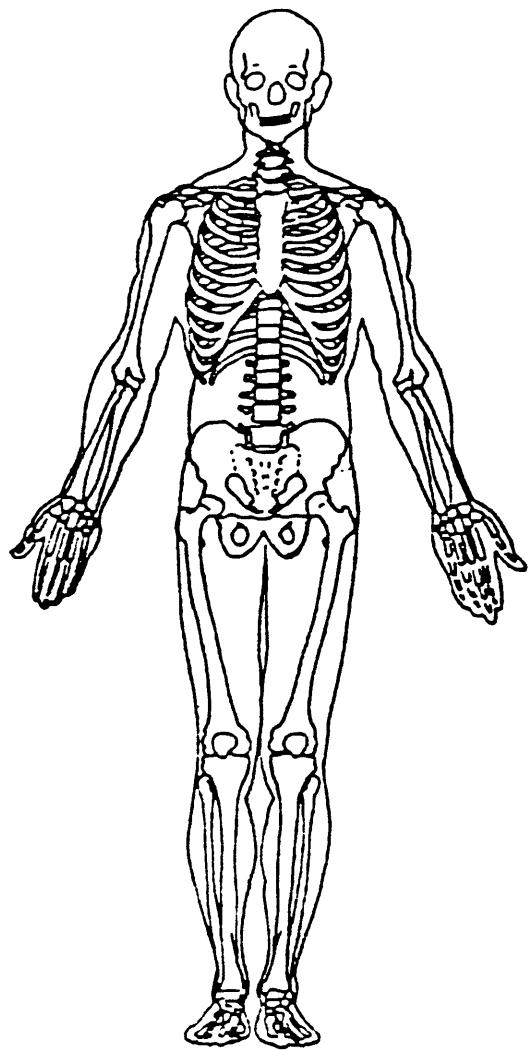
GCSS = _____

Units of Blood Given

Units = _____

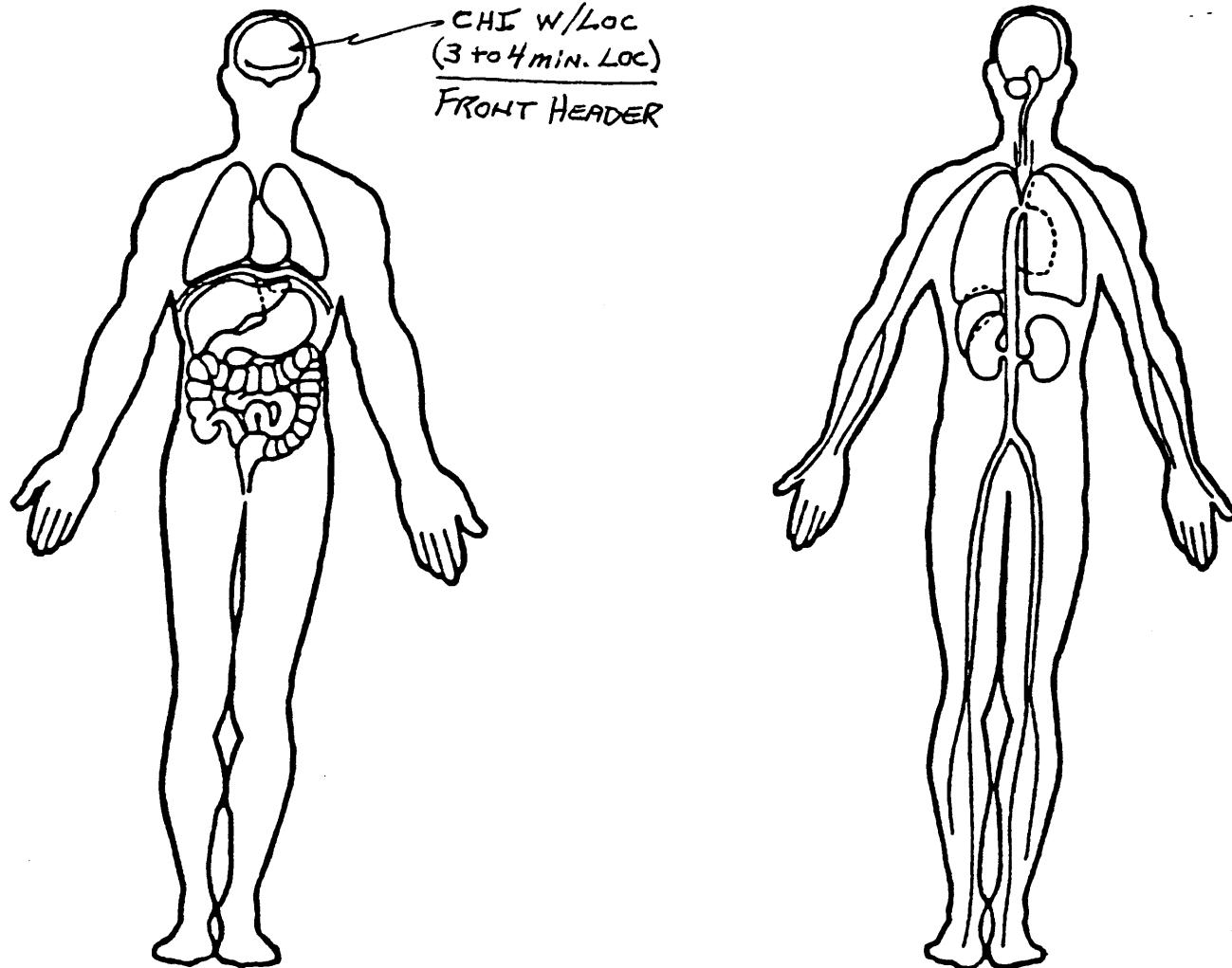
Arterial Blood Gases

pH = _____

PO₂ = _____PCO₂ _____HCO₃ _____

OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number	11. Police Reported Alcohol Presence
2. Case Number - Stratum	(0) No alcohol present
3. Vehicle Number	(1) Yes (alcohol present)
4. Vehicle Model Year	
Code the last two digits of the model year	8 5
(99) Unknown	
5. Vehicle Make (specify):	12. Alcohol Test Result For Driver
<u>MAZDA</u>	Code actual value (decimal implied before first digit—0.xx)
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.	(95) Test refused
(99) Unknown	(96) None given
6. Vehicle Model (specify):	(97) AC test performed, results unknown
<u>GLC DELUXE 4-door</u>	(98) No driver present
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual.	(99) Unknown
(999) Unknown	Source: PAR
7. Body Type	
Note: Applicable codes may be found on the back of this page.	13. Speed Limit
	(00) No statutory limit
	Code posted or statutory speed limit
	(99) Unknown
8. Vehicle Identification Number	14. Attempted Avoidance Maneuver
<u>JM1BD2210F0*****</u>	(00) No impact
Left justify; Slash zeros and letter Z (0 and Z)	(01) No avoidance actions
No VIN—Code all zeros	(02) Braking (no lockup)
Unknown—Code all nine's	(03) Braking (lockup)
	(04) Braking (lockup unknown)
	(05) Releasing brakes
	(06) Steering left
	(07) Steering right
	(08) Braking and steering left
	(09) Braking and steering right
	(10) Accelerating
	(11) Accelerating and steering left
	(12) Accelerating and steering right
	(97) No driver present
	(98) Other action (specify):
9. Police Reported Vehicle Disposition	
(0) Not towed due to vehicle damage	(99) Unknown
(1) Towed due to vehicle damage	
(9) Unknown	
10. Police Reported Travel Speed	15. Accident Type
Code to the nearest mph (NOTE: 00 means less than 0.5 mph)	Applicable codes may be found on the back of page two of this field form
(97) 96.5 mph and above	(00) No impact
(99) Unknown	Code the number of the diagram that best describes the accident circumstance
	(98) Other accident type (specify):
	(99) Unknown

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Bret, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 10,000$ lbs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travellall, Grand Wagoneer, includes suburban limousine)
- (18) Utility, unknown body type

Van Based Light Trucks ($\leq 10,000$ lbs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B160-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)
- (23) Van based motorhome ($\leq 10,000$ lbs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (38) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (60) School bus (designed to carry students, not cross country or transit)
- (68) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (69) Unknown bus type

Medium/Heavy Trucks ($> 10,000$ lbs GVWR)

- (60) Step van ($> 10,000$ lbs GVWR)
- (61) Single unit straight truck ($10,000$ lbs $<$ GVWR \leq 19,500 lbs)
- (62) Single unit straight truck (19,500 lbs $<$ GVWR \leq 26,000 lbs)
- (63) Single unit straight truck ($>$ 26,000 lbs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

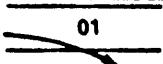
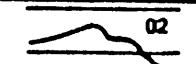
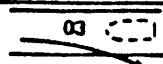
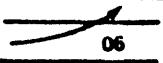
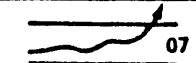
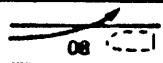
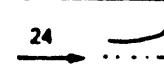
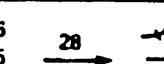
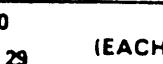
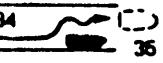
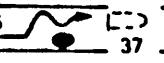
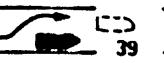
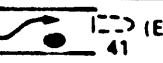
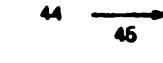
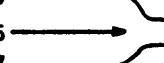
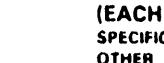
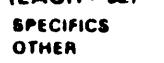
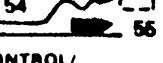
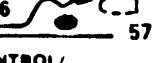
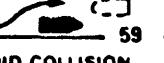
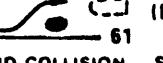
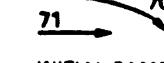
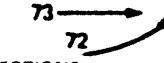
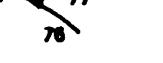
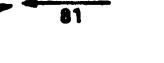
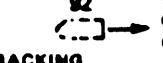
Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

OCCUPANT RELATED	
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	∅ 5
18. Number of Occupant Forms Submitted	∅ 5
VEHICLE WEIGHT ITEMS	
19. Vehicle Curb Weight 1935 Code weight to nearest (877.7 kg) 100 pounds. (010) Less than 1050 pounds (135) 13,500 pounds or more (999) Unknown	∅ 1.900 (861.8 kg)
Source: _____	
20. Vehicle Cargo Weight Code weight to nearest 100 pounds. (00) Less than 50 pounds (97) 9,650 pounds or more (99) Unknown	∅.∅ 00
RECONSTRUCTION DATA	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	∅
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	1
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): (9) Unknown	∅
OVERRIDE/UNDERRIDE (THIS VEHICLE)	
24. Rollover (0) No rollover (no overturning) <i>Rollover (primarily about the longitudinal axis)</i> (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): (5) Rollover--end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown	∅
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
27. Heading Angle For This Vehicle	2 7 ∅
28. Heading Angle For Other Vehicle	3 6 ∅

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I Single Driver	A Right Roadside Departure				04	05	SPECIFICS OTHER SPECIFICS UNKNOWN	
	B Left Roadside Departure				09	10	SPECIFICS OTHER SPECIFICS UNKNOWN	
	C Forward Impact					15	16	SPECIFICS OTHER SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End					30	(EACH • 32) (EACH • 33)	SPECIFICS OTHER SPECIFICS UNKNOWN
	E Forward Impact					41	(EACH • 42) (EACH • 43)	SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle				(EACH • 48) SPECIFICS OTHER		(EACH • 49) SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On			(EACH • 52) SPECIFICS OTHER	(EACH • 53)	SPECIFICS UNKNOWN		
	H Forward Impact					61	(EACH • 62) (EACH • 63)	SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle			(EACH • 66) SPECIFICS OTHER	(EACH • 67)	SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path				(EACH • 74) (EACH • 75)			
	K Turn Into Path					82	(EACH • 84) (EACH • 85)	SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths			(EACH • 90) SPECIFICS OTHER			(EACH • 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc			98 Other Accident Type 99 Unknown Accident Type 00 No Impact				

29. Basis for Total Delta V (highest)

Delta V Calculated

(1) CRASH program—damage only routine
 (2) CRASH program—damage and trajectory routine
 (3) Missing vehicle algorithm

Delta V Not Calculated

(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
 (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
 (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Secondary Highest

30. Total Delta V
(36.2 Km/h)

22.5 Nearest mph

2 3
(37.0 Km/h)

(NOTE: 00 means less than 0.5 mph)
 (97) 96.5 mph and above
 (99) Unknown

31. Longitudinal Component of
Delta V(-12.4 Km/h)
-7.7 Nearest mph+ 0 8
(12.9 Km/h)

(NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (97) ± 96.5 mph and above
 (99) Unknown

32. Lateral Component of Delta V
(34.0 Km/h)

21.1 Nearest mph

Secondary Highest

0 2 1
(33.8 Km/h)

(NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (97) ± 96.5 mph and above
 (99) Unknown

33. Energy Absorption
(61835.4 J)

45601.3 Nearest 100 foot-lbs

0 4 5, 6 0 0
(61833.6 J)

(NOTE: 0000 means less than 50 foot-lbs)
 (9997) 999,650 foot-lbs or more
 (9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

(0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

(0) No inspection
 (1) Complete inspection
 (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

(0) No
 (1) Yes

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [] NO

<p>37. Police Reported Other Drug Presence <input checked="" type="checkbox"/></p> <p>(0) No other drugs present (1) Yes (other drug present) (7) Not reported (8) No driver present (9) Unknown</p> <p>38. Police Reported Observation/Perception <input checked="" type="checkbox"/></p> <p>Test Type For Driver</p> <p>(0) No observation/perception test given (1) Drug recognition technician (DRT) determination using DEC process (2) Behavioral (3) Other physical observation/perception determination (specify): _____ (4) DEC process available, unknown if determination made (5) DEC process not available, unknown if other observation/perception test given (7) Other observation/perception test (specify): _____ (8) No driver present</p> <p>39. Other Drug Specimen Test Type For Driver <input checked="" type="checkbox"/></p> <p>(0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify): _____ (7) Unspecified specimen test (8) No driver present (9) Unknown if specimen test given</p>	<p>DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER</p> <table border="1"> <thead> <tr> <th>DEC</th> <th>Observation/ Perception</th> <th>Specimen Test</th> </tr> <tr> <th>Test Results</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Narcotic Drug</td> <td>40. <input checked="" type="checkbox"/></td> <td>41. <input checked="" type="checkbox"/></td> </tr> <tr> <td>Depressant Drug</td> <td>42. <input checked="" type="checkbox"/></td> <td>43. <input checked="" type="checkbox"/></td> </tr> <tr> <td>Stimulant Drug</td> <td>44. <input checked="" type="checkbox"/></td> <td>45. <input checked="" type="checkbox"/></td> </tr> <tr> <td>Hallucinogen Drug</td> <td>46. <input checked="" type="checkbox"/></td> <td>47. <input checked="" type="checkbox"/></td> </tr> <tr> <td>Cannabinoid Drug</td> <td>48. <input checked="" type="checkbox"/></td> <td>49. <input checked="" type="checkbox"/></td> </tr> <tr> <td>Phencyclidine (PCP)</td> <td>50. <input checked="" type="checkbox"/></td> <td>51. <input checked="" type="checkbox"/></td> </tr> <tr> <td>Inhalant Drug</td> <td>52. <input checked="" type="checkbox"/></td> <td>53. <input checked="" type="checkbox"/></td> </tr> <tr> <td>Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)</td> <td>54. <input checked="" type="checkbox"/></td> <td>55. <input checked="" type="checkbox"/></td> </tr> </tbody> </table> <p>Codes For Observation/Perception Test Results</p> <p>(0) No DEC observation/perception test given (1) Passed DEC observation/perception test (2) Failed DEC observation/perception test (3) DEC observation/perception test given—results unknown (8) No driver present (9) Unknown if DEC observation/perception test given</p> <p>Codes for Specimen Test Results</p> <p>(0) No specimen test given (1) Drug not found in specimen (2) Drug found in specimen (7) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given</p>	DEC	Observation/ Perception	Specimen Test	Test Results			Narcotic Drug	40. <input checked="" type="checkbox"/>	41. <input checked="" type="checkbox"/>	Depressant Drug	42. <input checked="" type="checkbox"/>	43. <input checked="" type="checkbox"/>	Stimulant Drug	44. <input checked="" type="checkbox"/>	45. <input checked="" type="checkbox"/>	Hallucinogen Drug	46. <input checked="" type="checkbox"/>	47. <input checked="" type="checkbox"/>	Cannabinoid Drug	48. <input checked="" type="checkbox"/>	49. <input checked="" type="checkbox"/>	Phencyclidine (PCP)	50. <input checked="" type="checkbox"/>	51. <input checked="" type="checkbox"/>	Inhalant Drug	52. <input checked="" type="checkbox"/>	53. <input checked="" type="checkbox"/>	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <input checked="" type="checkbox"/>	55. <input checked="" type="checkbox"/>
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OTHER DATA**56. Driver's Zip Code**

(00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

(0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

(0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

(0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type (specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

(0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

∅ ∅

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

∅

(0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

∅

(0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA**64. Pre-Event Movement (Prior to Recognition of Critical Event)**

1 ∅

(01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 4 inches in diameter)
(42) Tree ($>$ 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
(52) Pole or post ($>$ 12 inches in diameter)
(53) Pole or post (diameter unknown)
(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):
(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):
(89) Unknown nonfixed object
(98) Other event (specify):
(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event 6*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Manuever)66. Precrash Stability After Avoidance Maneuver Ø

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) Ø

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	3. Vehicle Number
2. Case Number - Stratum	<u>DS1-92-AB-12</u>

VEHICLE IDENTIFICATION

VIN JM1BD2210F0 Model Year 85
Vehicle Make (specify): Mazda Vehicle Model (specify): GLC DELUXE -4-door

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
Φ1	28.5" (72.4 cm) forward L/rear AXLE	3.5" (8.9 cm) forward L/rear AXLE
Φ2	28.5" (72.4 cm) Rear R/front AXLE	

CRUSH PROFILE

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

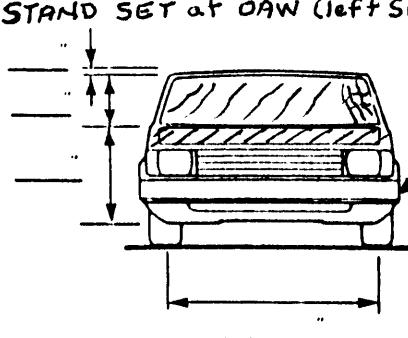
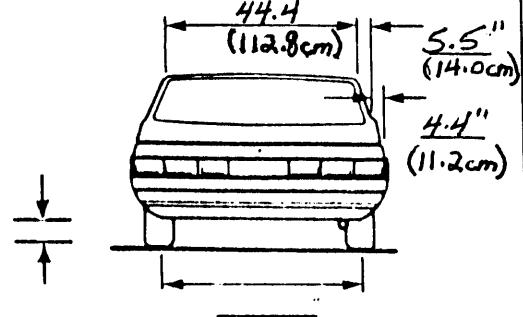
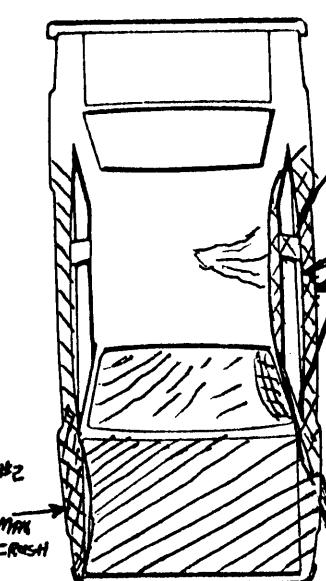
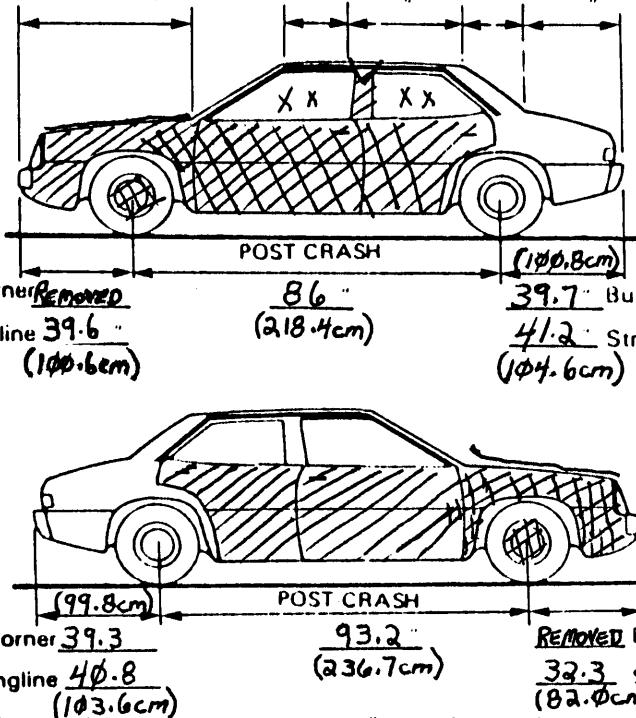
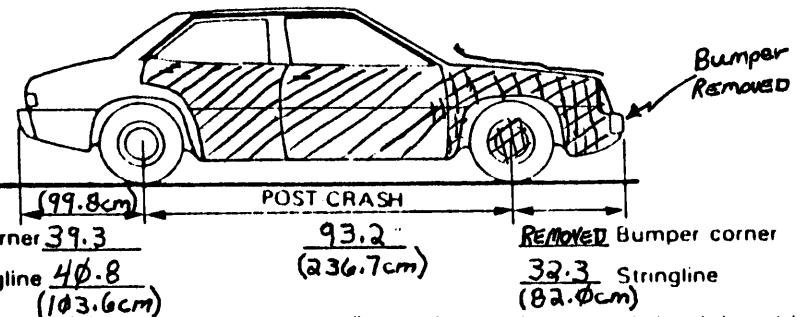
Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
Φ1	Left SIDE	63.5	21.3	102	Φ	14.1	21.3	18.5	9.0	Φ	+14.8
	Free SPACE			Φ	Φ	Φ	Φ	Φ	Φ	Φ	
	Resultant		21.3		Φ	14.1	21.3	18.5	9.0	Φ	+14.8
			Φ C ₃								
Φ2	Right Side	60.0	11.0		(CDC ONLY)						
					(METRIC - cm)						
Φ1	Left SIDE	161.3	54.1	259.1	Φ	35.8	54.1	47.0	22.9	Φ	+37.6
	Free SPACE			Φ	Φ	Φ	Φ	Φ	Φ	Φ	
	Resultant		54.1		Φ	35.8	54.1	47.0	22.9	Φ	+37.6
Φ2	Right Side	152.4	27.9		(CDC ONLY)						

VEHICLE DAMAGE SKETCH

TIRE-WHEEL DAMAGE		ORIGINAL SPECIFICATIONS (METRIC)		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)
a. Rotation physically restricted		b. Tire deflated		RF \pm <u>0</u> ° LF \pm <u>3</u> ° RR \pm <u>0</u> ° LR \pm <u>0</u> ° Within \pm 5 degrees
RF <u>2</u>	LF <u>1</u>	RF <u>2</u>	LF <u>1</u>	
RR <u>2</u>	LR <u>2</u>	RR <u>2</u>	LR <u>2</u>	
(1) Yes (2) No (8) NA (9) Unk.				
TYPE OF TRANSMISSION		Undeformed End Width		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic				Approximate Cargo Weight <u>0</u>
<p>STAND SET at DAW (left Side)</p>  				
 				
				
<p>NOTES: Sketch new perimeter and cross hatch direct damage and single hatch indirect damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., glass in tire bead, direction of strikes, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.</p> <p>Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.</p>				

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Ø 1</u>	5. <u>Ø 1</u>	6. <u>Ø 9</u>	7. <u>L</u>	8. <u>Y</u>	9. <u>E</u>	10. <u>W</u>	11. <u>Ø 4</u>

Second Highest Delta "V"

12. Ø 2 13. Ø 3 14. Ø 1 15. R 16. Y 17. E 18. W 19. Ø 3

CRUSH PROFILE

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	22. <u>C₂</u>	23. <u>C₃</u>	24. <u>C₄</u>	25. <u>C₅</u>	26. <u>C₆</u>	27. <u>C₇</u>	28. <u>± D</u>
<u>1 Ø 2</u> (259.1cm)	<u>Ø Ø</u> (Ø.Øcm)	<u>1 4</u> (35.6cm)	<u>2 1</u> (53.3cm)	<u>1 9</u> (48.3cm)	<u>Ø 9</u> (22.9cm)	<u>Ø Ø</u> (Ø.Øcm)	<u>Ø Ø 1 5</u> (38.1cm)	

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	25. <u>C₂</u>	26. <u>C₃</u>	27. <u>C₄</u>	28. <u>C₅</u>	29. <u>C₆</u>	30. <u>± D</u>
---	---	---	---	<u>(CDC ONLY)</u>	---	---	+

26. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes <u>Ø</u>	27. Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown <u>1</u>	28. Original Wheelbase Code to the nearest tenth of an inch (9999) Unknown <u>Ø 93.1</u> (236.5cm)
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<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?</p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>(Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p> <p>30. Fire Occurrence</p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p>	<p>31. Origin of Fire</p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____</p> <p>(9) Unknown</p> <p>32. Type of Fuel Tank</p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>
<p>*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS *** (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.</p>	

INTERIOR VEHICLE FORM

GLAZING

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS1-92-AB-12
3. Vehicle Number Ø 2

INTEGRITY

4. Passenger Compartment Integrity Ø 6
(00) No integrity loss

Yes, Integrity Was Lost Through
(01) Windshield
(02) Door (side)
(03) Door/hatch (back door)
(04) Roof
(05) Roof glass
(06) Side window
(07) Rear window (backlight)
(08) Roof and roof glass
(09) Windshield and door (side)
(10) Windshield and roof
(11) Side and rear window (side window and backlight)
(12) Windshield and side window
(13) Door and side window
(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 3 8. RR 1 9. TG/H Ø
(0) No door/gate/hatch
(1) Door/gate/hatch remained closed and operational
(2) Door/gate/hatch came open during collision
(3) Door/gate/hatch jammed shut
(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF Ø 11. RF Ø 12. LR Ø 13. RR Ø 14. TG/H Ø

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)
(2) Latch/striker failure due to damage
(3) Hinge failure due to damage
(4) Door structure failure due to damage
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
(6) Latch/striker and hinge failure due to damage
(8) Other failure (specify):

(9) Unknown

Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF Ø 18. LR 6 19. RR Ø
20. BL Ø 21. Roof 8 22. Other 6

(0) No glazing damage from impact forces
(2) Glazing in place and cracked from impact forces
(3) Glazing in place and holed from impact forces
(4) Glazing out-of-place (cracked or not) and not holed from impact forces
(5) Glazing out-of-place and holed from impact forces
(6) Glazing disintegrated from impact forces
(7) Glazing removed prior to accident
(8) No glazing
(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS Ø 24. LF 9 25. RF Ø 26. LR 9 27. RR Ø
28. BL Ø 29. Roof Ø 30. Other 9

(0) No occupant contact to glazing or no glazing
(1) Glazing contacted by occupant but no glazing damage
(2) Glazing in place and cracked by occupant contact
(3) Glazing in place and holed by occupant contact
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
(5) Glazing out-of-place by occupant contact and holed by occupant contact
(6) Glazing disintegrated by occupant contact
(9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø

Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF Ø 34. LR 2 35. RR Ø
36. BL Ø 37. Roof Ø 38. Other 2

(0) No glazing contact and no damage, or no glazing
(1) AS-1 – Laminated
(2) AS-2 – Tempered
(3) AS-3 – Tempered-tinted
(4) AS-14 – Glass/Plastic
(8) Other (specify):

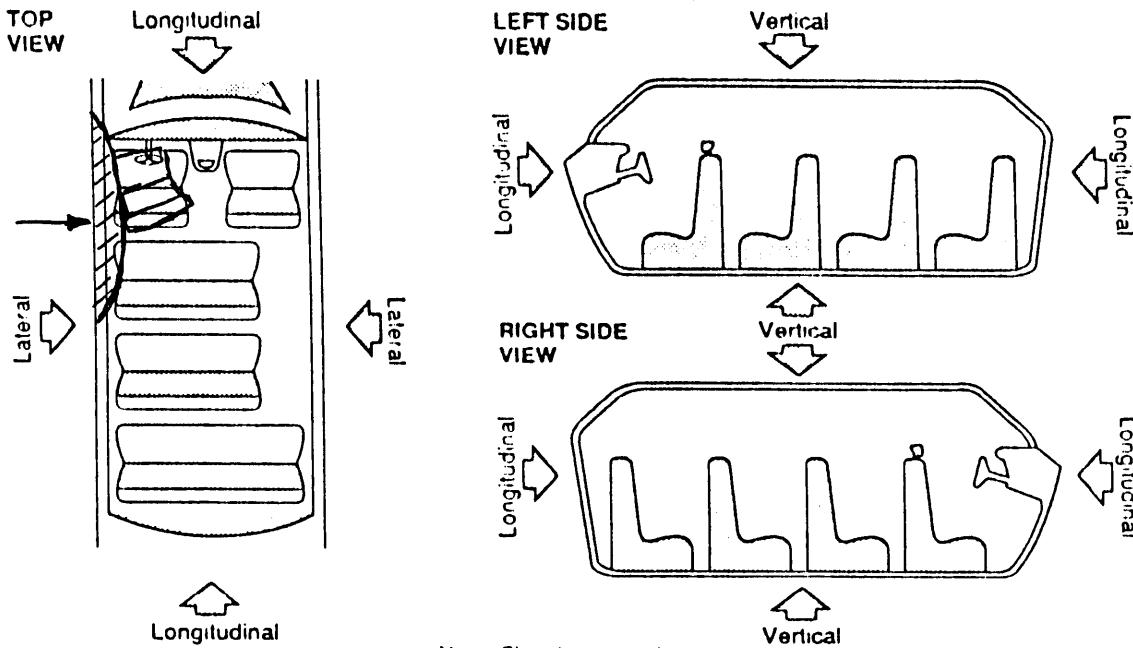
(9) Unknown

Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF Ø 42. LR 2 43. RR Ø
44. BL Ø 45. Roof Ø 46. Other 1

(0) No glazing contact and no damage, or no glazing
(1) Fixed
(2) Closed
(3) Partially opened
(4) Fully opened
(9) Unknown

INTRUSION WORKSHEET



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	-	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
L/REAR	"B" PILLAR	28.0" (71.1cm)	-	12.0" (30.5cm)	= 16.0" (40.6cm)	LATERAL	
L/REAR	REAR DOOR	28.0" (71.1cm)	-	12.0" (30.5cm)	= 16.0" (40.6cm)	LATERAL	
L/FRONT	ROOF SIDE RAIL	19.0" (48.3cm)	-	17.3" (43.9cm)	= 1.7" (4.4cm)	LATERAL	
L/REAR	L/side seat	0"	-	7.5" (19.1cm)	= 7.5 (19.1cm)	LATERAL	
L/FRONT	DOOR PANEL (BACK SUPPORT)	23.5" (59.7cm)	-	13" (33.0cm)	= 11.5" (29.2cm)	LATERAL	
L/REAR	L/FRONT SEAT	21.5" (54.6cm)	-	13" (33.0cm)	= 8.5" (21.6cm)	LONGITUDINAL	
L/FRONT	"A" PILLAR(TOP)	50.0" (127.4cm)	-	48.0" (121.9cm)	= 2.0" (5.1cm)	LATERAL	
L/FRONT	"A" PILLAR(Bottom)	72.0" (187.9cm)	-	63.0" (160.0cm)	= 9" (22.9cm)	LONGITUDINAL	
L/FRONT	"A" PILLAR(Bottom)	27.5" (69.9cm)	-	24.0" (61.0cm)	= 3.5" (8.9cm)	LATERAL	
L/FRONT	INSTRUMENT PANEL	0"	-	3.5" (8.9cm)	= 3.5" (8.9cm)	LATERAL	
L/FRONT	Side PANEL	23.0" (58.4cm)	-	14.5" (36.8cm)	= 8.5" (21.6cm)	LATERAL	
			-		=		
			-		=		
			-		=		

OCCUPANT AREA INTRUSION																																																													
<p>Note: If no intrusions, leave variables IV47-IV86 blank.</p> <table border="1"> <thead> <tr> <th>Location of Intrusion</th> <th>Intruding Component</th> <th>Magnitude of Intrusion</th> <th>Dominant Crush Direction</th> <th></th> </tr> </thead> <tbody> <tr> <td>1st 47. <u>2</u> <u>1</u></td> <td>48. <u>Ø</u> <u>7</u></td> <td>49. <u>4</u></td> <td>50. <u>3</u></td> <td></td> </tr> <tr> <td>2nd 51. <u>2</u> <u>1</u></td> <td>52. <u>1</u> <u>Ø</u></td> <td>53. <u>4</u></td> <td>54. <u>3</u></td> <td></td> </tr> <tr> <td>3rd 55. <u>1</u> <u>1</u></td> <td>56. <u>1</u> <u>Ø</u></td> <td>57. <u>3</u></td> <td>58. <u>3</u></td> <td></td> </tr> <tr> <td>4th 59. <u>1</u> <u>1</u></td> <td>60. <u>Ø</u> <u>6</u></td> <td>61. <u>3</u></td> <td>62. <u>2</u></td> <td></td> </tr> <tr> <td>5th 63. <u>2</u> <u>1</u></td> <td>64. <u>1</u> <u>9</u></td> <td>65. <u>3</u></td> <td>66. <u>2</u></td> <td></td> </tr> <tr> <td>6th 67. <u>1</u> <u>1</u></td> <td>68. <u>2</u> <u>7</u></td> <td>69. <u>3</u></td> <td>70. <u>3</u></td> <td></td> </tr> <tr> <td>7th 71. <u>2</u> <u>1</u></td> <td>72. <u>2</u> <u>4</u></td> <td>73. <u>3</u></td> <td>74. <u>3</u></td> <td></td> </tr> <tr> <td>8th 75. <u>1</u> <u>1</u></td> <td>76. <u>Ø</u> <u>6</u></td> <td>77. <u>2</u></td> <td>78. <u>3</u></td> <td></td> </tr> <tr> <td>9th 79. <u>1</u> <u>1</u></td> <td>80. <u>Ø</u> <u>2</u></td> <td>81. <u>2</u></td> <td>82. <u>3</u></td> <td></td> </tr> <tr> <td>10th 83. <u>1</u> <u>1</u></td> <td>84. <u>Ø</u> <u>6</u></td> <td>85. <u>1</u></td> <td>86. <u>3</u></td> <td></td> </tr> </tbody> </table>					Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction		1st 47. <u>2</u> <u>1</u>	48. <u>Ø</u> <u>7</u>	49. <u>4</u>	50. <u>3</u>		2nd 51. <u>2</u> <u>1</u>	52. <u>1</u> <u>Ø</u>	53. <u>4</u>	54. <u>3</u>		3rd 55. <u>1</u> <u>1</u>	56. <u>1</u> <u>Ø</u>	57. <u>3</u>	58. <u>3</u>		4th 59. <u>1</u> <u>1</u>	60. <u>Ø</u> <u>6</u>	61. <u>3</u>	62. <u>2</u>		5th 63. <u>2</u> <u>1</u>	64. <u>1</u> <u>9</u>	65. <u>3</u>	66. <u>2</u>		6th 67. <u>1</u> <u>1</u>	68. <u>2</u> <u>7</u>	69. <u>3</u>	70. <u>3</u>		7th 71. <u>2</u> <u>1</u>	72. <u>2</u> <u>4</u>	73. <u>3</u>	74. <u>3</u>		8th 75. <u>1</u> <u>1</u>	76. <u>Ø</u> <u>6</u>	77. <u>2</u>	78. <u>3</u>		9th 79. <u>1</u> <u>1</u>	80. <u>Ø</u> <u>2</u>	81. <u>2</u>	82. <u>3</u>		10th 83. <u>1</u> <u>1</u>	84. <u>Ø</u> <u>6</u>	85. <u>1</u>	86. <u>3</u>		<p>INTRUDING COMPONENT</p> <p><i>Interior Components</i></p> <p>(01) Steering assembly (02) Instrument panel left (03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A-pillar (07) B-pillar (08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) (13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back (21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion (25) Back door/panel (e.g., tailgate) (26) Other interior component (specify): _____ (27) Side panel - forward of the A-pillar (28) Side panel - rear of the A-pillar</p> <p><i>Exterior Components</i></p> <p>(30) Hood (31) Outside surface of this vehicle (specify): _____ (32) Other exterior object in the environment (specify): _____ (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): _____ (99) Unknown</p>	
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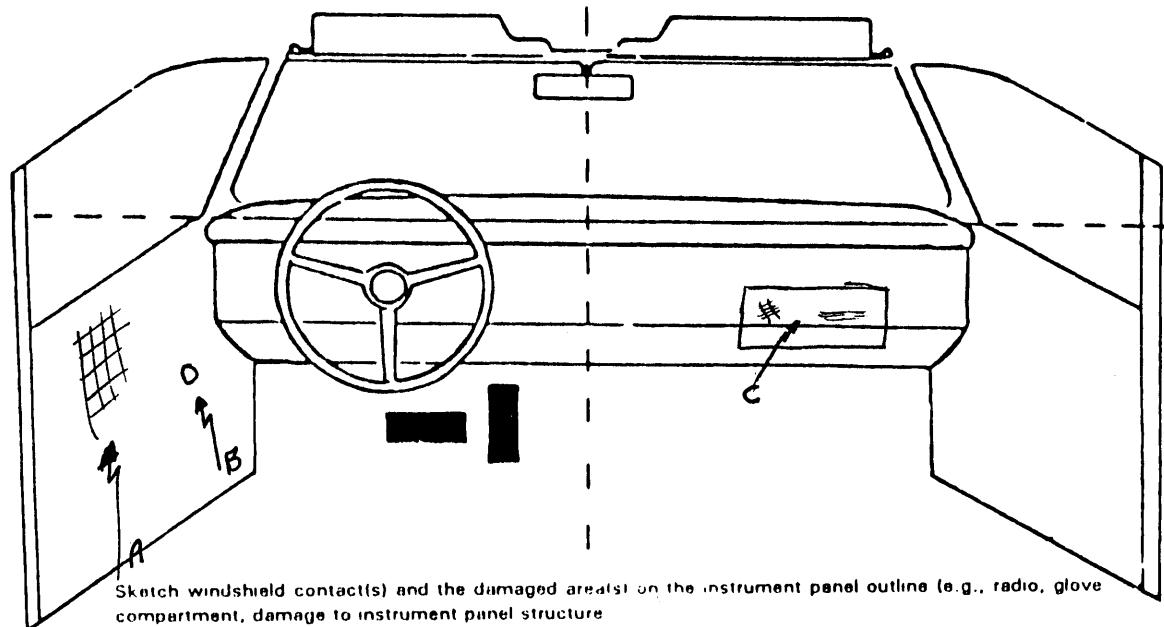
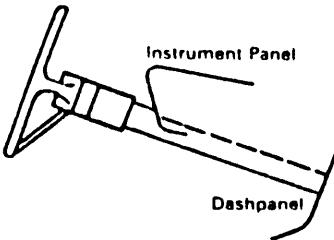
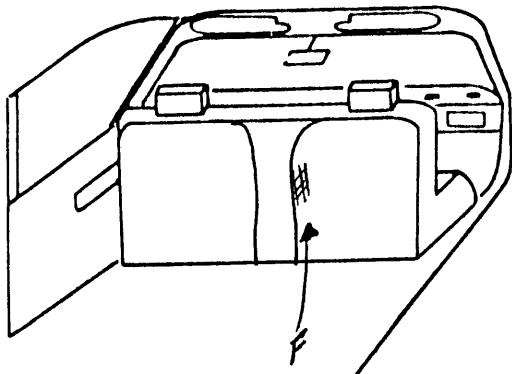
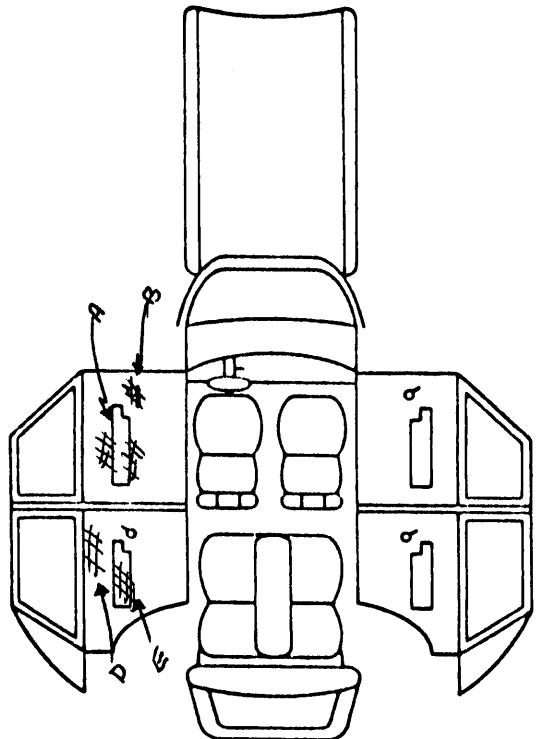
STEERING RIM/SPOKE DEFORMATION

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
ϕ	-	ϕ	=	ϕ
	-		=	
	-		=	
	-		=	

STEERING COLUMN		
87. Steering Column Type		1
(1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown		
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X	
89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X X	
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X X	
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.)	X X X	
92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest inch. (0) No steering rim deformation (1-5) Actual measured value (6) 6 inches or more (8) Observed deformation cannot be measured (9) Unknown		1
93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation		1 1
<i>Quarter Sections</i> (01) Section A (02) Section B (03) Section C (04) Section D		
<i>Half Sections</i> (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown	 	
INSTRUMENT PANEL		
94. Odometer Reading (205136.9 Km)	1 2 7 .000 127493.4 miles	1 (204343 Km)
95. Instrument Panel Damage from Occupant Contact?	(0) No (1) Yes (9) Unknown	1
96. Knee Bolsters Deformed from Occupant Contact?	(0) No (1) Yes (8) Not present (9) Unknown	1
97. Did Glove Compartment Door Open During Collision(s)?	(0) No (1) Yes (8) Not present (9) Unknown	1

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	20	01	L/SIDE	DEFORMED	1
B	21	01	L/SIDE	DEFORMED / BROKEN	1
C	12	02	KNEES	TRANSFER	1
D	20	03	L/side	DEFORMED	1
E	21	03	L/side	DEFORMED	1
F	40	04	R/KNEE	TRANSFER	1
G					
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects

- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

F		Left	Right
I R S T	Availability/Function	∅	∅
	Deployment	∅	∅
	Failure	∅	∅

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

- Non-functional**
- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

F		Left	Right
I R S T	Availability/Function	∅	∅
	Use	∅	∅
	Type	∅	∅
	Proper Use	∅	∅
	Failure Modes	∅	∅

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

- Non-functional**
- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

- Automatic Belt Used Improperly**
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system
(specify): _____
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
F I R S T	Availability	4	Ø	4
	Use	ØØ	ØØ	Ø4
	Failure Modes	Ø	Ø	1
S E C O N D	Availability	3	Ø	3
	Use	Ø3	ØØ	14
	Failure Modes	1	Ø	1
T H I R D	Availability			
	Use			
	Failure Modes			
O T H E R	Availability			
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown _____

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	05						
1. Type of Child Safety Seat	3						
2. Child Safety Seat Orientation	12						
3. Child Safety Seat Harness Usage	12						
4. Child Safety Seat Shield Usage	12						
5. Child Safety Seat Tether Usage	03						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat						
<p>1. Type of Child Safety Seat</p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p> <p>2. Child Safety Seat Orientation</p> <p>(00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p>Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p> <p>3. Child Safety Seat Harness Usage</p> <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage</p> <p>Note: Options Below Are Used for Variables 3-5.</p> <p>(00) No child safety seat</p> <p>Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p>Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p>Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p> <p>6. Child Safety Seat Make/Model</p> <p>(Specify make/model and occupant number)</p> <p><u>Gerry / GUARDIAN</u></p> <p><u>DELUXE Model #650</u></p> <p><u>Manufactured by TAKATA-GERICO</u></p>							

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	4	Ø	3
	Seat Type	Ø1	ØØ	Ø1
	Seat Performance	7	Ø	1
	Seat Orientation	1	Ø	1
S E C O N D	Head Restraint Type/Damage	1	Ø	1
	Seat Type	Ø4	ØØ	Ø4
	Seat Performance	6	Ø	1
	Seat Orientation	1	Ø	1
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____

*DOOR PANEL**5 and 6*

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No Yes

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (1) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

- (7) Roof
- (8) Other area (e.g., back of pickup, etc.) (specify): _____
- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT

No Yes

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS1-92-AB-12
3. Vehicle Number Ø 2
4. Occupant Number Ø 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 31
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 9 9
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight 9 9 9
Code actual weight to the nearest pounds.
(999) Unknown

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant Posture
(0) Normal posture
(1) Abnormal posture (specify):
(9) Unknown

9

EJECTION/ENTRAPMENT

12. Ejection
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

Ø

13. Ejection Area
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify):
(9) Unknown

Ø

14. Ejection Medium
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown

Ø

15. Medium Status (Immediately Prior To Impact) Ø
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

Ø

RESTRAINT SYSTEM AND SEAT EVALUATION	
17. Manual (Active) Belt System Availability	4
(0) None available	
(1) Belt removed/destroyed	
(2) Shoulder belt	
(3) Lap belt	
(4) Lap and shoulder belt	
(5) Belt available—type unknown	
<i>Integral Belt Partially Destroyed</i>	
(6) Shoulder belt (lap belt destroyed/removed)	
(7) Lap belt (shoulder belt destroyed/removed)	
(8) Other belt (specify):	
(9) Unknown	
18. Manual (Active) Belt System Use	Ø Ø
(00) None used, not available, or belt removed/destroyed	
(01) Inoperative (specify):	
(02) Shoulder belt	
(03) Lap belt	
(04) Lap and shoulder belt	
(05) Belt used—type unknown	
(08) Other belt used (specify):	
(12) Shoulder belt used with child safety seat	
(13) Lap belt used with child safety seat	
(14) Lap and shoulder belt used with child safety seat	
(15) Belt used with child safety seat—type unknown	
(18) Other belt used with child safety seat (specify):	
(99) Unknown if belt used	
19. Proper Use of Manual (Active) Belts	Ø
(0) None used or not available	
(1) Belt used properly	
(2) Belt used properly with child safety seat	
<i>Belt Used Improperly</i>	
(3) Shoulder belt worn under arm	
(4) Shoulder belt worn behind back or seat	
(5) Belt worn around more than one person	
(6) Lap belt worn on abdomen	
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):	
(8) Other improper use of manual belt system (specify):	
(9) Unknown	
20. Manual (Active) Belt Failure Modes During Accident	Ø
(0) No manual belt used	
(1) No manual belt failure(s)	
(2) Torn webbing (stretched webbing not included)	
(3) Broken buckle or latchplate	
(4) Upper anchorage separated	
(5) Other anchorage separated (specify):	
(6) Broken retractor	
(7) Combination of above (specify):	
(8) Other manual belt failure (specify):	
(9) Unknown	
21. Air Bag System Availability/Function	Ø
(0) Not equipped/not available	
(1) Air bag	
<i>Non-functional</i>	
(2) Air bag disconnected (specify):	
(3) Air bag not reinstalled	
(9) Unknown	
22. Air Bag System Deployment	Ø
(0) Not equipped/not available	
(1) Air bag deployed during accident (as a result of impact)	
(2) Air bag deployed inadvertently just prior to accident	
(3) Air bag deployed, accident sequence undetermined	
(4) Nondeployed	
(5) Unknown if deployed	
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)	
(9) Unknown	
23. Did Air Bag System Fail?	Ø
(0) Not equipped/not available	
(1) No	
(2) Yes (specify):	
(9) Unknown	
Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts	
24. Police Reported Restraint Use	Ø
(0) None used	
(1) Police did not indicate restraint use	
(2) Shoulder belt	
(3) Lap belt	
(4) Lap and shoulder belt	
(5) Belt used, type not specified	
(6) Child safety seat	
(7) Other or automatic restraint (specify):	
(8) Restrained, type unknown	
(9) Police indicated "unknown"	
25. Head Restraint Type/Damage by Occupant at This Occupant Position	4
(0) No head restraints	
(1) Integral—no damage	
(2) Integral—damaged during accident	
(3) Adjustable—no damage	
(4) Adjustable—damaged during accident	
(5) Add-on—no damage	
(6) Add-on—damaged during accident	
(8) Other (specify):	
(9) Unknown	

<p>26. Seat Type (this Occupant Position) <u>Ø 1</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): _____ (10) Box mounted seat (i.e., van type) (99) Unknown</p>	<p>30. Child Safety Seat Orientation <u>Ø Ø</u></p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>
<p>27. Seat Performance (this Occupant Position) <u>7</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): <u>DOOR PANEL</u> _____ (7) Combination of above (specify): <u>5 and 6</u> (8) Other (specify): _____ (9) Unknown</p>	
CHILD SAFETY SEAT	
<p>28. Child Safety Seat Make/Model <u>Ø Ø Ø</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u>Ø Ø</u></p> <p>32. Child Safety Seat Shield Usage <u>Ø Ø</u></p> <p>33. Child Safety Seat Tether Usage <u>Ø Ø</u></p> <p><i>Note: Options below applicable to Variables OA31-OA33.</i> (00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
<p>29. Type of Child Safety Seat <u>Ø</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES	
34. Injury Severity (Police Rating)	<u>3</u>
<p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p>	
35. Treatment - Mortality	<u>3</u>
<p>(0) No treatment (1) Fatal (2) Fatal - ruled disease</p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): _____ (9) Unknown</p>	
36. Type Of Medical Facility (for Initial Treatment)	<u>2</u>
<p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): _____ (9) Unknown</p>	
37. Hospital Stay	<u>9 9</u>
<p>(00) Not Hospitalized</p> <p>Code the number of days (up through 60) that the occupant stayed in hospital.</p> <p>(61) 61 days or more (99) Unknown</p>	
38. Working Days Lost	
<p>Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p>	
39. Time to Death	
<p>Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)</p> <p>(00) Not fatal (96) Fatal - ruled disease (99) Unknown</p>	
40. 1st Medically Reported Cause of Death	
<u>Ø Ø</u>	
41. 2nd Medically Reported Cause of Death	
<u>Ø Ø</u>	
42. 3rd Medically Reported Cause of Death	
<p>Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death</p> <p>(00) Not fatal or no additional causes (97) Other result (specify): _____ (99) Unknown</p>	
43. Number of Recorded Injuries for This Occupant	
<p>Code the actual number of injuries recorded for this occupant.</p> <p>(00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured</p>	
99. Case Occupant	
<p><u>Ø</u></p> <p>(0) Not the Case Occupant (1) This is the Case Occupant (2) This is the Case Occupant in another case.</p>	

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/
Function Φ

(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered
inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use Φ

(0) Not equipped/not available/destroyed or
rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually
disconnected, motorized track inoperative)
(specify):

(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type Φ

(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive
Belt System) Φ

(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with
child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than
one person
(6) Lap portion of automatic belt worn
on abdomen
(7) Automatic lap and shoulder belt or
automatic shoulder belt used improperly
with child safety seat (specify):

(8) Other improper use of automatic belt system
(specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accident Φ

(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position) I

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score Φ 2

(at Medical Facility)

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? 9

(1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ Φ 1

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

***** STOP HERE *****
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	2. Case Number - Stratum	3. Vehicle Number	4. Occupant Number								
INJURY DATA Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.											
Source of Injury Data	O.I.C.-A.I.S				Injury Source	Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.			
Body Region	Aspect	Lesion	System Organ	A.I.S. Severity							
1st	5. <u>3</u>	6. <u>I</u>	7. <u>L</u>	8. <u>E</u>	9. <u>S</u>	10. <u>3</u>	11. <u>2</u> <u>0</u>	12. <u>1</u>	13. <u>1</u>	14. <u>0</u> <u>3</u>	821. <u>00</u>
2nd	15. <u>3</u>	16. <u>N</u>	17. <u>P</u>	18. <u>E</u>	19. <u>S</u>	20. <u>2</u>	21. <u>2</u> <u>6</u>	22. <u>1</u>	23. <u>2</u>	24. <u>9</u> <u>7</u>	805. <u>00</u>
3rd	25. <u>3</u>	26. <u>M</u>	27. <u>L</u>	28. <u>C</u>	29. <u>Q</u>	30. <u>2</u>	31. <u>2</u> <u>1</u>	32. <u>1</u>	33. <u>2</u>	34. <u>0</u> <u>3</u>	865. <u>01</u>
4th	35. <u>3</u>	36. <u>B</u>	37. <u>S</u>	38. <u>I</u>	39. <u>M</u>	40. <u>1</u>	41. <u>2</u> <u>6</u>	42. <u>1</u>	43. <u>2</u>	44. <u>9</u> <u>7</u>	847. <u>1</u>
5th	45. <u>3</u>	46. <u>E</u>	47. <u>S</u>	48. <u>L</u>	49. <u>I</u>	50. <u>1</u>	51. <u>9</u> <u>1</u>	52. <u>1</u>	53. <u>1</u>	54. <u>0</u> <u>0</u>	873. <u>42</u>
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	<u> </u>
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	<u> </u>
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>	<u> </u>
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>	<u> </u>
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>	<u> </u>

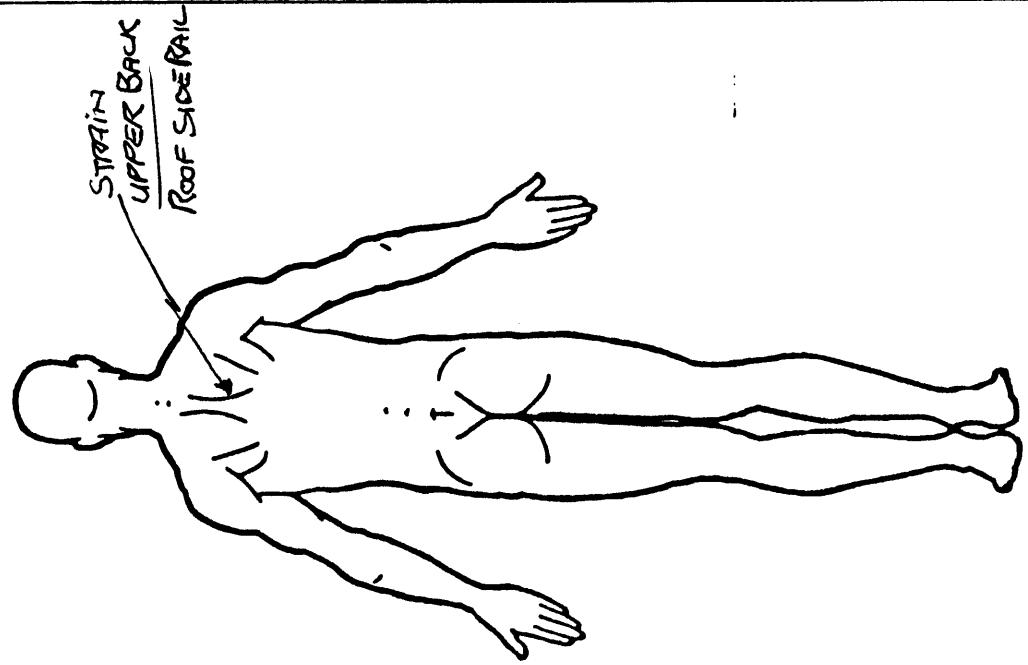
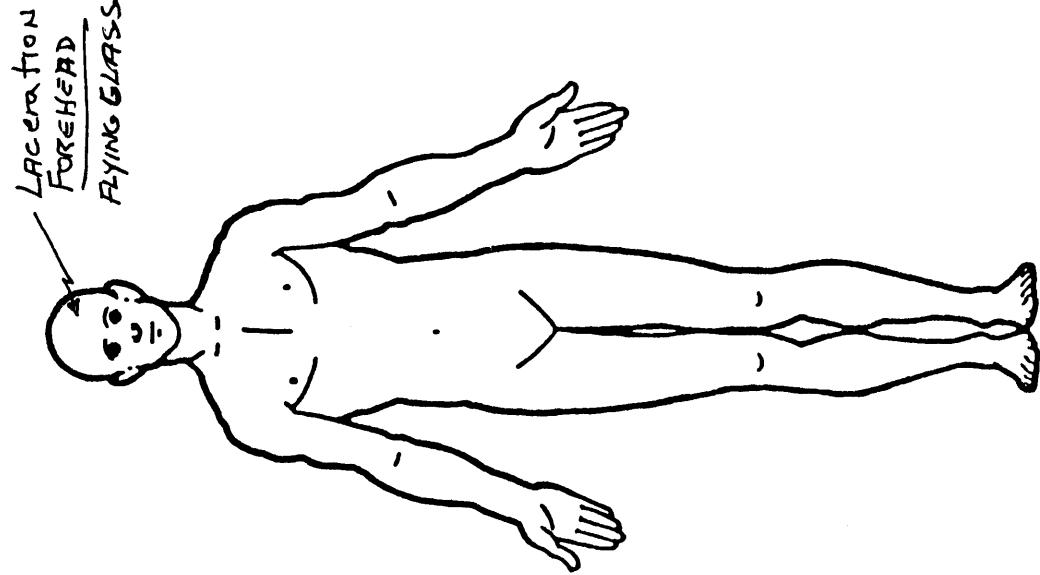
OCCUPANT INJURY DATA

Source of Injury Date	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—
26th	—	—	—	—	—	—	—	—	—

ICD-9

OFFICIAL INJURY DATA – SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from P&R or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA <p>OFFICIAL</p> <p>(1) Autopsy records with or without hospital medical records (2) Hospital medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic</p> <p>UNOFFICIAL</p> <p>(5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police</p>		<p>(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (27) Other left side object (specify): _____</p> <p>RIGHT SIDE</p> <p>(30) Right side interior surface, excluding hardware or armrests (31) Right side hardware or armrest (32) Right A-pillar (33) Right B-pillar (34) Other right pillar (specify): _____</p> <p>(35) Right side window glass or frame (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (37) Other right side object (specify): _____</p> <p>(38) Right side window sill</p> <p>INTERIOR</p> <p>(40) Seat, back support (41) Belt restraint webbing/buckle (42) Belt restraint B-pillar attachment point (43) Other restraint system component (specify): _____ (44) Head restraint system (45) Air bag (46) Other occupants (specify): _____</p> <p>(47) Interior loose objects (48) Child safety seat (specify): _____</p> <p>(49) Other interior object (specify): _____</p> <p>ROOF</p> <p>(50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top</p> <p>FLOOR</p> <p>(56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake</p> <p>REAR</p> <p>(60) Backlight (rear window)</p>	<p>(61) Backlight storage rack, door, etc. (62) Other rear object (specify): _____</p> <p>EXTERIOR OF OCCUPANT'S VEHICLE</p> <p>(65) Hood (66) Outside hardware (e.g., outside mirror, antenna) (67) Other exterior surface or tires (specify): _____ (68) Unknown exterior objects</p> <p>EXTERIOR OF OTHER MOTOR VEHICLE</p> <p>(70) Front bumper (71) Hood edge (72) Other front of vehicle (specify): _____</p> <p>(73) Hood (74) Hood ornament (75) Windshield, roof rail, A-pillar (76) Side surface (77) Side mirrors (78) Other side protrusions (specify): _____</p> <p>(79) Rear surface (80) Undercarriage (81) Tires and wheels (82) Other exterior of other motor vehicle (specify): _____</p> <p>(83) Unknown exterior of other motor vehicle</p> <p>OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT</p> <p>(84) Ground (85) Other vehicle or object (specify): _____</p> <p>(86) Unknown vehicle or object</p> <p>NONCONTACT INJURY</p> <p>(90) Fire in vehicle (91) Flying glass (92) Other noncontact injury source (specify): _____ (93) Air bag exhaust gases (97) Injured, unknown source</p>																																																																																							
<p>INJURY SOURCE</p> <p>FRONT</p> <p>(1) Windshield (2) Mirror (3) Sunvisor (4) Steering wheel rim (5) Steering wheel hub/spoke (6) Steering wheel (combination of codes 04 and 05) (7) Steering column, transmission selector lever, other attachment (8) Add on equipment (e.g., CB, tape deck, air conditioner) (9) Left instrument panel and below (10) Center instrument panel and below (11) Right instrument panel and below (12) Glove compartment door (13) Knee bolster (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only) (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only) (16) Other front object (specify): _____</p> <p>LEFT SIDE</p> <p>(20) Left side interior surface, excluding hardware or armrests (21) Left side hardware or armrest (22) Left A-pillar (23) Left B-pillar (24) Other left pillar (specify): _____ (25) Left side window glass or frame</p> <p>RIGHT SIDE</p> <p>(26) Right side interior surface, excluding hardware or armrests (27) Right side hardware or armrest (28) Right A-pillar (29) Right B-pillar (30) Other right pillar (specify): _____</p> <p>REAR</p> <p>(31) Right side interior surface, excluding hardware or armrests (32) Right side hardware or armrest (33) Right A-pillar (34) Right B-pillar (35) Other right pillar (specify): _____</p> <p>ROOF</p> <p>(36) Front header (37) Rear header (38) Roof left side rail (39) Roof right side rail (40) Roof or convertible top</p> <p>FLOOR</p> <p>(41) Floor (including toe pan) (42) Floor or console mounted transmission lever, including console (43) Parking brake handle (44) Foot controls including parking brake</p> <p>REAR</p> <p>(45) Backlight (rear window)</p>																																																																																										
<p>INJURY SOURCE CONFIDENCE LEVEL</p> <p>(1) Certain (2) Probable (3) Possible (4) Unknown</p> <p>DIRECT/INDIRECT INJURY</p> <p>(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source</p>																																																																																										
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OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

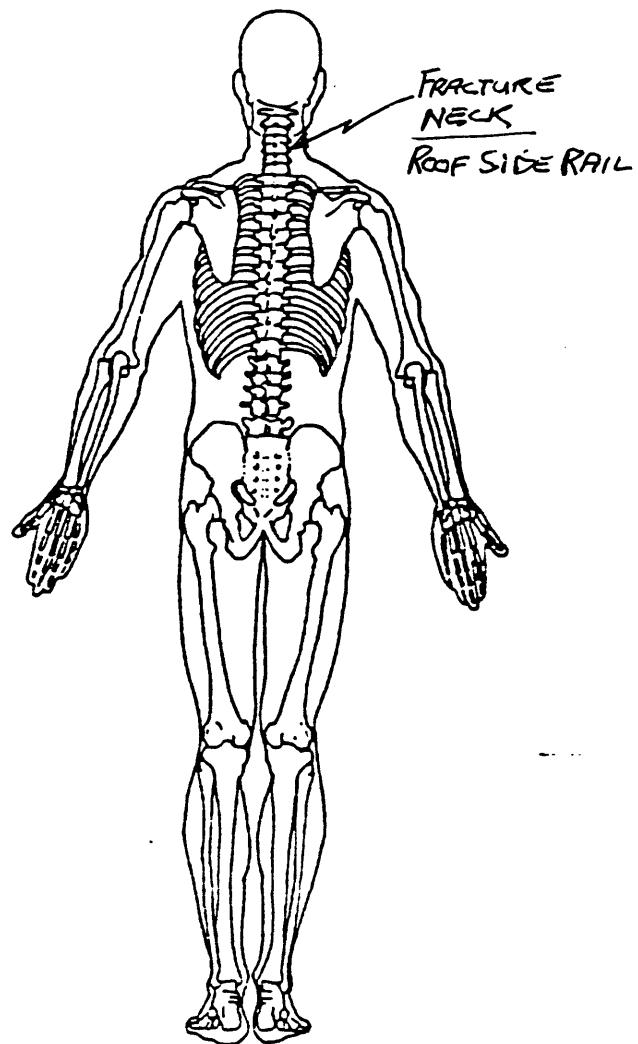
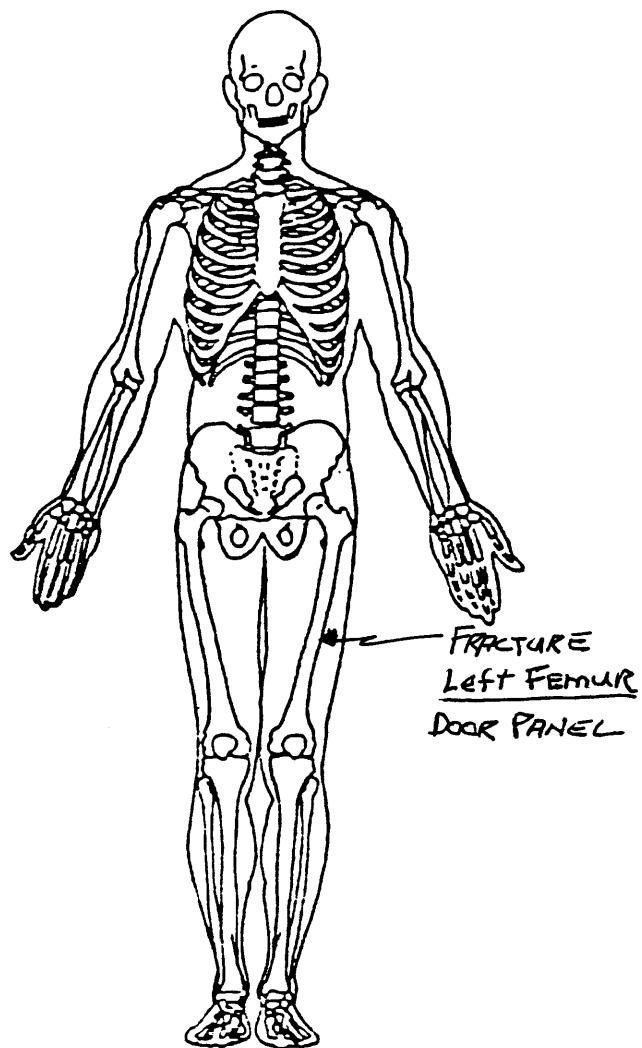
GCSS = _____

Units of Blood Given

Units = _____

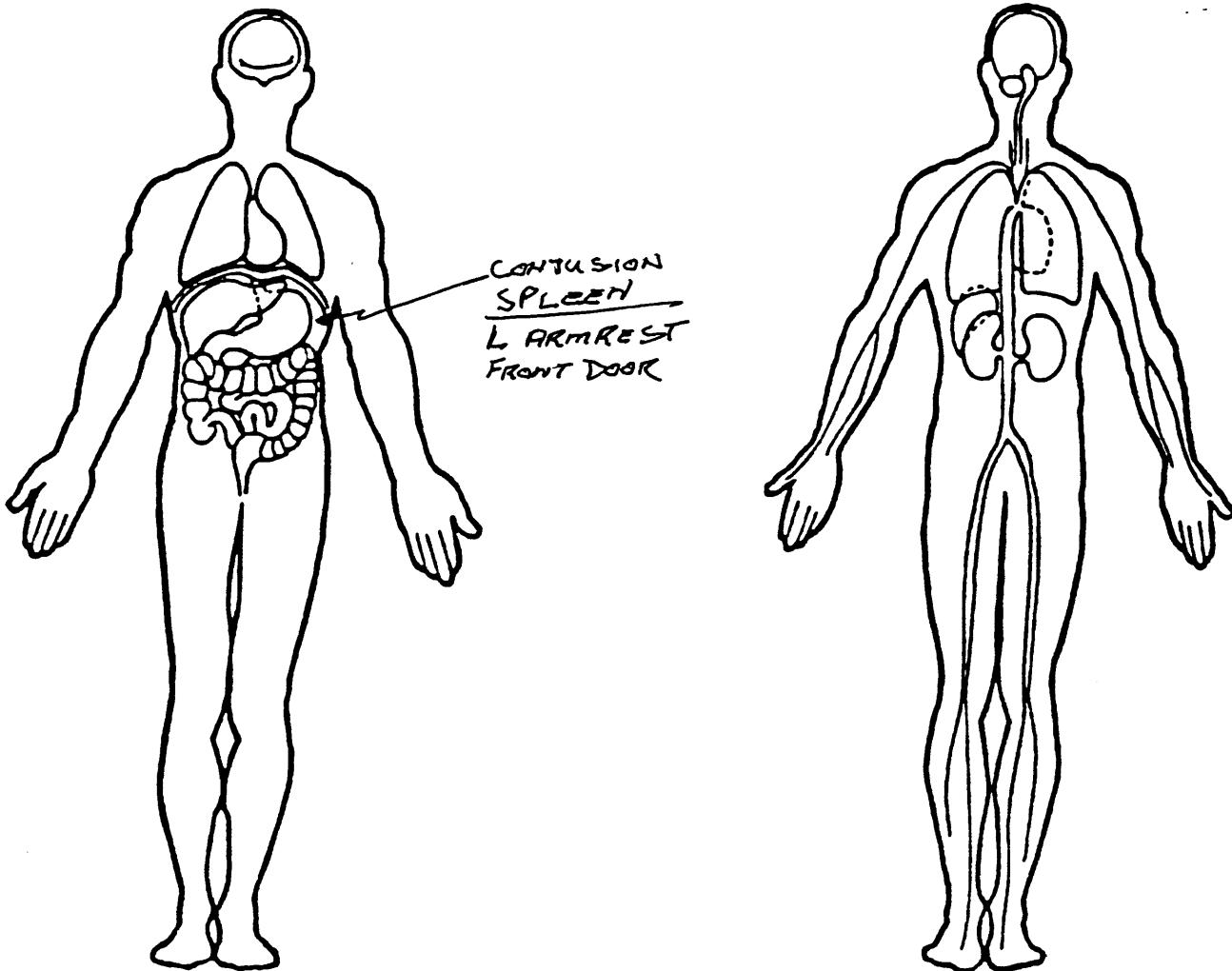
Arterial Blood Gases

pH = _____

PO₂ = _____PCO₂ = _____HCO₃ = _____

OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-93-AB-12
3. Vehicle Number Ø 2
4. Occupant Number Ø 2

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 23
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female
(9) Unknown
7. Occupant's Height 99
Code actual height to the nearest inch.
(99) Unknown
8. Occupant's Weight 999
Code actual weight to the nearest pounds.
(999) Unknown
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown
10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant Posture
 - (0) Normal posture
 - (1) Abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection Ø
 - (0) No ejection
 - (1) Complete ejection
 - (2) Partial ejection
 - (3) Ejection, unknown degree
 - (9) Unknown
13. Ejection Area Ø
 - (0) No ejection
 - (1) Windshield
 - (2) Left front
 - (3) Right front
 - (4) Left rear
 - (5) Right rear
 - (6) Rear
 - (7) Roof
 - (8) Other area (e.g., back of pickup, etc.) (specify):
(9) Unknown
14. Ejection Medium Ø
 - (0) No ejection
 - (1) Door/hatch/tailgate
 - (2) Nonfixed roof structure
 - (3) Fixed glazing
 - (4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown
15. Medium Status (Immediately Prior To Impact) Ø
 - (0) No ejection
 - (1) Open
 - (2) Closed
 - (3) Integral structure
 - (9) Unknown

16. Entrapment Ø

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

 - (0) Not entrapped
 - (1) Entrapped
 - (9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes*During Accident*

(0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____
 (6) Broken retractor
 (7) Combination of above (specify): _____
 (8) Other manual belt failure (specify): _____
 (9) Unknown _____

21. Air Bag System Availability/Function

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Did Air Bag System Fail?

(0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____
 (9) Unknown

<p>26. Seat Type (this Occupant Position) <u>Ø 1</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown</p>	<p>30. Child Safety Seat Orientation <u>Ø Ø</u></p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i></p> <p>(01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i></p> <p>(11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i></p> <p>(21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>
<p>27. Seat Performance (this Occupant Position) <u>1</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown</p>	<p>31. Child Safety Seat Harness Usage <u>Ø Ø</u></p> <p>32. Child Safety Seat Shield Usage <u>Ø Ø</u></p> <p>33. Child Safety Seat Tether Usage <u>Ø Ø</u></p> <p><i>Note: Options below applicable to Variables OA31-OA33.</i></p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
<p>CHILD SAFETY SEAT</p> <p>28. Child Safety Seat Make/Model <u>Ø Ø Ø</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>Ø</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

3**35. Treatment - Mortality**

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease

3*Nonfatal*

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown**36. Type Of Medical Facility (for Initial Treatment)**

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown**37. Hospital Stay**

(00) Not Hospitalized

Code the number of days (up through 60)
 that the occupant stayed in hospital.

(61) 61 days or more
 (99) Unknown

99**38. Working Days Lost**

Code the number of days
 (up through 60) that the occupant
 lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

99**39. Time to Death**

Code number of hours from time of
 accident to time of death up through 24
 hours. If time of death is greater than 24
 hours, code number of days. (Note: 1 day =
 31, 2 days = 32, ... n days = 30 + n up through
 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

00**40. 1st Medically Reported Cause of Death**00**41. 2nd Medically Reported Cause of Death**00**42. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line
 number(s) for the medically reported
 injury(s) which reportedly contributed to
 this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for
This Occupant**02

Code the actual number of
 injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case Occupant0

(0) Not the Case Occupant
 (1) This is the Case Occupant
 (2) This is the Case Occupant
 in another case.

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/
Function

(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered
inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or
rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually
disconnected, motorized track inoperative)
(specify):

(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type

(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive
Belt System

(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with
child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than
one person
(6) Lap portion of automatic belt worn
on abdomen
(7) Automatic lap and shoulder belt or
automatic shoulder belt used improperly
with child safety seat (specify):

(8) Other improper use of automatic belt system
(specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accident

(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

49. Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):

(9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score
(at Medical Facility)

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood?

(1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS1-92-AB-12

3. Vehicle Number 0 2

4. Occupant Number 0 2

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.		
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source					
1st	5. <u>3</u>	6. <u>P</u>	7. <u>L</u>	8. <u>E</u>	9. <u>S</u>	10. <u>2</u>	11. <u>41</u>	12. <u>1</u>	13. <u>1</u>	14. <u>0 0</u>	<u>808.0</u>
2nd	15. <u>3</u>	16. <u>N</u>	17. <u>P</u>	18. <u>T</u>	19. <u>M</u>	20. <u>1</u>	21. <u>92</u>	22. <u>1</u>	23. <u>2</u>	24. <u>0 0</u>	<u>847.0</u>
3rd	25. _____	26. _____	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	_____
4th	35. _____	36. _____	37. _____	38. _____	39. _____	40. _____	41. _____	42. _____	43. _____	44. _____	_____
5th	45. _____	46. _____	47. _____	48. _____	49. _____	50. _____	51. _____	52. _____	53. _____	54. _____	_____
6th	55. _____	56. _____	57. _____	58. _____	59. _____	60. _____	61. _____	62. _____	63. _____	64. _____	_____
7th	65. _____	66. _____	67. _____	68. _____	69. _____	70. _____	71. _____	72. _____	73. _____	74. _____	_____
8th	75. _____	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____	82. _____	83. _____	84. _____	_____
9th	85. _____	86. _____	87. _____	88. _____	89. _____	90. _____	91. _____	92. _____	93. _____	94. _____	_____
10th	95. _____	96. _____	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____	103. _____	104. _____	_____

ICD-9

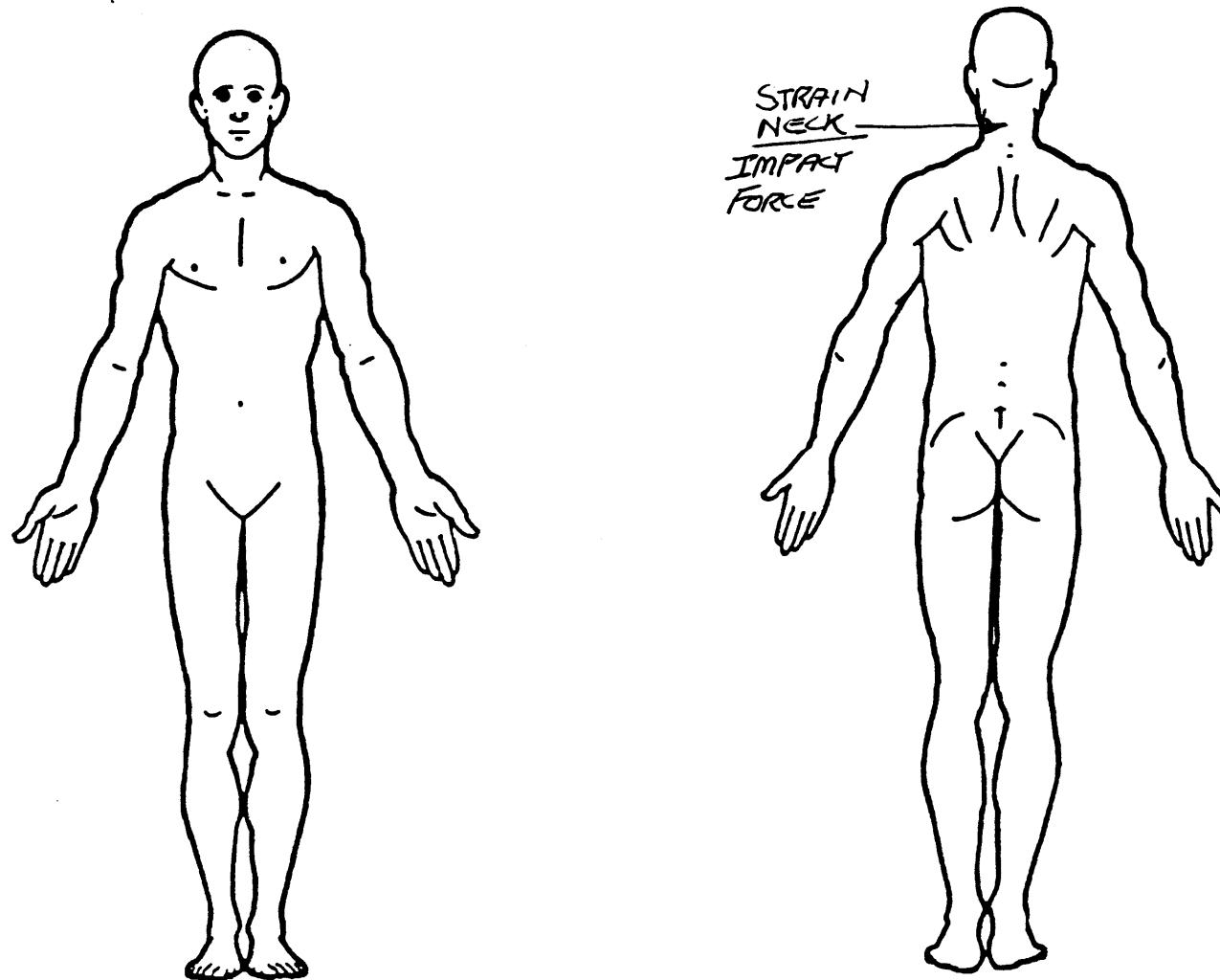
OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—
26th	—	—	—	—	—	—	—	—	—

ICD-9

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA																																																																																																			
OFFICIAL <p>(1) Autopsy records with or without hospital medical records (2) Hospital medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic</p> <p>UNOFFICIAL (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police</p>																																																																																																			
<p>(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (27) Other left side object (specify): (28) Left side window sill</p> <p>RIGHT SIDE (30) Right side interior surface, excluding hardware or armrests (31) Right side hardware or armrest (32) Right A pillar (33) Right B pillar (34) Other right pillar (specify): (35) Right side window glass or frame (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail. (37) Other right side object (specify): (38) Right side window sill</p> <p>INTERIOR (40) Seat, back support (41) Belt restraint webbing/buckle (42) Belt restraint B-pillar attachment point (43) Other restraint system component (specify): (44) Head restraint system (45) Air bag (46) Other occupants (specify): (47) Interior loose objects (48) Child safety seat (specify): (49) Other interior object (specify):</p> <p>ROOF (50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top</p> <p>FLOOR (56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake</p> <p>REAR (60) Backlight (rear window)</p>																																																																																																			
<p>(61) Backlight storage rack, door, etc. (62) Other rear object (specify):</p> <p>EXTERIOR OF OCCUPANT'S VEHICLE (65) Hood (66) Outside hardware (e.g., outside mirror, antenna) (67) Other exterior surface or tires (specify): (68) Unknown exterior objects</p> <p>EXTERIOR OF OTHER MOTOR VEHICLE (70) Front bumper (71) Hood edge (72) Other front of vehicle (specify): (73) Hood (74) Hood ornament (75) Windshield, roof rail, A-pillar (76) Side surface (77) Side mirrors (78) Other side protrusions (specify): (79) Rear surface (80) Undercarriage (81) Tires and wheels (82) Other exterior of other motor vehicle (specify): (83) Unknown exterior of other motor vehicle</p> <p>OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (84) Ground (85) Other vehicle or object (specify): (86) Unknown vehicle or object</p> <p>NONCONTACT INJURY (90) Fire in vehicle (91) Flying glass (92) Other noncontact injury source (specify): <u>IMPACT FORCE</u> (93) Air bag exhaust gases (97) Injured, unknown source</p> <p>INJURY SOURCE CONFIDENCE LEVEL (1) Certain (2) Probable (3) Possible (9) Unknown</p> <p>DIRECT/INDIRECT INJURY (1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source</p>																																																																																																			
<p>OCCUPANT INJURY CLASSIFICATION</p> <table border="1"> <thead> <tr> <th colspan="2">O.I.C. Body Region</th> <th colspan="2">Aspect of Injury</th> <th colspan="2">System/Organ</th> <th colspan="2">Abbreviated Injury Scale</th> </tr> </thead> <tbody> <tr> <td>(M) Abdomen</td> <td>(A) Anterior—front</td> <td>(F) Fracture</td> <td>(L) Liver</td> <td>(I) Minor injury</td> </tr> <tr> <td>(O) Ankle—foot</td> <td>(B) Bilateral (rib fracture only)</td> <td>(Z) Fracture and dislocation</td> <td>(M) Muscles</td> <td>(2) Moderate injury</td> </tr> <tr> <td>(A) Arm (upper)</td> <td>(C) Central</td> <td>(U) Injured, unknown lesion</td> <td>(N) Nervous system</td> <td>(3) Serious injury</td> </tr> <tr> <td>(B) Back-thoracolumbar spine</td> <td>(I) Inferior—lower</td> <td>(L) Laceration</td> <td>(P) Pulmonary—lungs</td> <td>(4) Severe injury</td> </tr> <tr> <td>(C) Chest</td> <td>(U) Injured, unknown aspect</td> <td>(O) Other</td> <td>(R) Respiratory</td> <td>(5) Critical injury</td> </tr> <tr> <td>(L) Elbow</td> <td>(L) Left</td> <td>(P) Perforation, puncture</td> <td>(S) Skeletal</td> <td>(6) Maximum (untreatable)</td> </tr> <tr> <td>(F) Face</td> <td>(P) Posterior—back</td> <td>(R) Rupture</td> <td>(C) Spinal cord</td> </tr> <tr> <td>(R) Forearm</td> <td>(R) Right</td> <td>(S) Sprain</td> <td>(Q) Spleen</td> </tr> <tr> <td>(H) Head—skull</td> <td>(S) Superior—upper</td> <td>(T) Strain</td> <td>(T) Thyroid, other endocrine gland</td> </tr> <tr> <td>(U) Injured, unknown region</td> <td>(W) Whole region</td> <td>(E) Total severance, transection</td> <td>(V) Vertebrae</td> </tr> <tr> <td>(K) Knee</td> <td>Lesion</td> <td>All systems in region</td> <td></td> </tr> <tr> <td>(L) Leg (lower)</td> <td>(A) Abrasion</td> <td>(A) Arteries—veins</td> <td>(1) Minor injury</td> </tr> <tr> <td>(Y) Lower limb(s) (whole or unknown part)</td> <td>(M) Amputation</td> <td>(B) Brain</td> <td>(2) Moderate injury</td> </tr> <tr> <td>(N) Neck—cervical spine</td> <td>(V) Avulsion</td> <td>(D) Digestive</td> <td>(3) Serious injury</td> </tr> <tr> <td>(P) Pelvic—hip</td> <td>(B) Burn</td> <td>(E) Ears</td> <td>(4) Severe injury</td> </tr> <tr> <td>(S) Shoulder</td> <td>(K) Concussion</td> <td>(O) Eye</td> <td>(5) Critical injury</td> </tr> <tr> <td>(T) Thigh</td> <td>(C) Contusion</td> <td>(H) Heart</td> <td>(6) Maximum (untreatable)</td> </tr> <tr> <td>(X) Upper limb(s) (whole or unknown part)</td> <td>(N) Crush</td> <td>(U) Injured, unknown system</td> <td>(7) Injured, unknown severity</td> </tr> <tr> <td>(O) Whole body</td> <td>(G) Detachment, separation</td> <td>(I) Integumentary</td> <td></td> </tr> <tr> <td>(W) Wrist—hand</td> <td>(D) Dislocation</td> <td>(J) Joints</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(K) Kidneys</td> <td></td> </tr> </tbody> </table>		O.I.C. Body Region		Aspect of Injury		System/Organ		Abbreviated Injury Scale		(M) Abdomen	(A) Anterior—front	(F) Fracture	(L) Liver	(I) Minor injury	(O) Ankle—foot	(B) Bilateral (rib fracture only)	(Z) Fracture and dislocation	(M) Muscles	(2) Moderate injury	(A) Arm (upper)	(C) Central	(U) Injured, unknown lesion	(N) Nervous system	(3) Serious injury	(B) Back-thoracolumbar spine	(I) Inferior—lower	(L) Laceration	(P) Pulmonary—lungs	(4) Severe injury	(C) Chest	(U) Injured, unknown aspect	(O) Other	(R) Respiratory	(5) Critical injury	(L) Elbow	(L) Left	(P) Perforation, puncture	(S) Skeletal	(6) Maximum (untreatable)	(F) Face	(P) Posterior—back	(R) Rupture	(C) Spinal cord	(R) Forearm	(R) Right	(S) Sprain	(Q) Spleen	(H) Head—skull	(S) Superior—upper	(T) Strain	(T) Thyroid, other endocrine gland	(U) Injured, unknown region	(W) Whole region	(E) Total severance, transection	(V) Vertebrae	(K) Knee	Lesion	All systems in region		(L) Leg (lower)	(A) Abrasion	(A) Arteries—veins	(1) Minor injury	(Y) Lower limb(s) (whole or unknown part)	(M) Amputation	(B) Brain	(2) Moderate injury	(N) Neck—cervical spine	(V) Avulsion	(D) Digestive	(3) Serious injury	(P) Pelvic—hip	(B) Burn	(E) Ears	(4) Severe injury	(S) Shoulder	(K) Concussion	(O) Eye	(5) Critical injury	(T) Thigh	(C) Contusion	(H) Heart	(6) Maximum (untreatable)	(X) Upper limb(s) (whole or unknown part)	(N) Crush	(U) Injured, unknown system	(7) Injured, unknown severity	(O) Whole body	(G) Detachment, separation	(I) Integumentary		(W) Wrist—hand	(D) Dislocation	(J) Joints				(K) Kidneys	
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OFFICIAL INJURY DATA – SKELETAL INJURIES

Restrained?

 No Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = _____

Glasgow Coma Scale Score

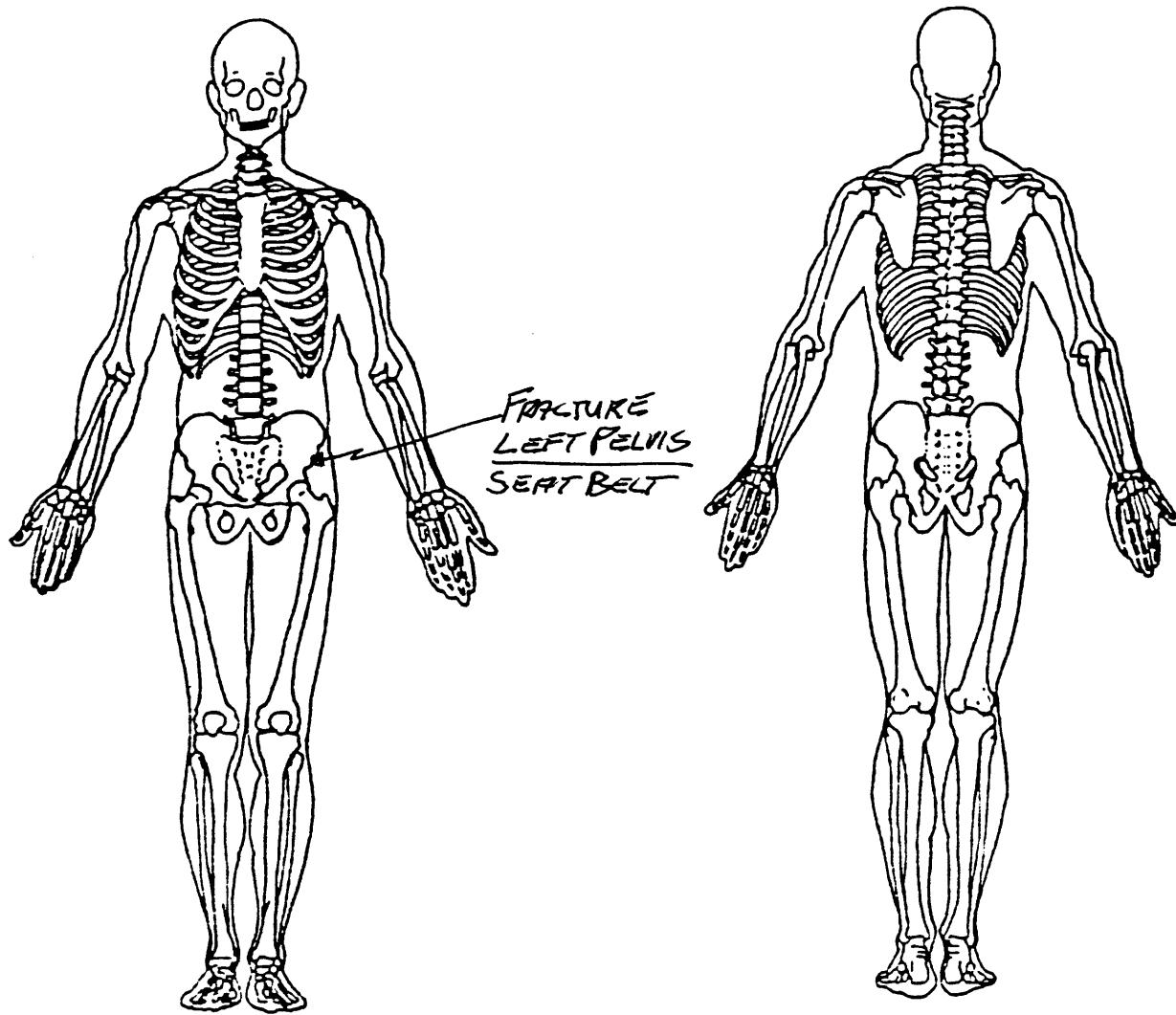
GCSS = _____

Units of Blood Given

Units = _____

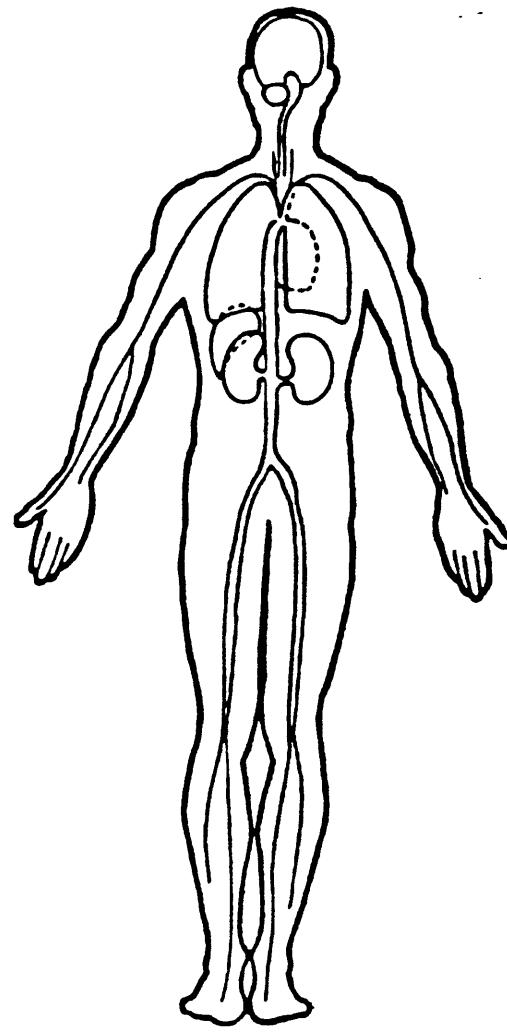
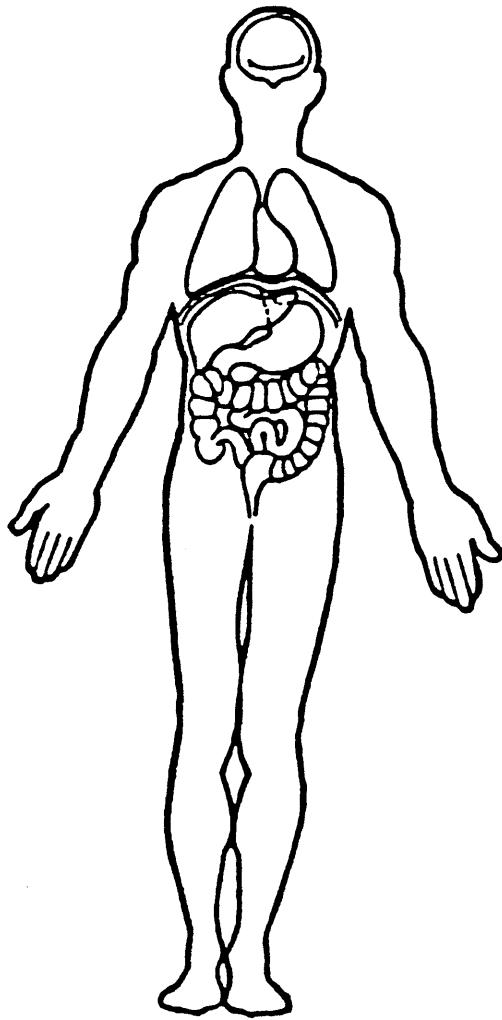
Arterial Blood Gases

pH = _____

PO₂ = _____PCO₂ = _____HCO₃ = _____

OFFICIAL INJURY DATA –INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSI-92-AB-12
3. Vehicle Number 02
4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 08
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 99
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight 999
Code actual weight to the nearest pounds.
(999) Unknown

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 21
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant Posture
(0) Normal posture
(1) Abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify):
(9) Unknown

14. Ejection Medium 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown

15. Medium Status (Immediately Prior To Impact) 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability**

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

3*Integral Belt Partially Destroyed*

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):(9) Unknown**18. Manual (Active) Belt System Use**

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify):

Ø Ø(02) Shoulder belt(03) Lap belt(04) Lap and shoulder belt(05) Belt used—type unknown(08) Other belt used (specify):(12) Shoulder belt used with child safety seat(13) Lap belt used with child safety seat(14) Lap and shoulder belt used with child safety seat(15) Belt used with child safety seat—type unknown(18) Other belt used with child safety seat (specify):(99) Unknown if belt used**19. Proper Use of Manual (Active) Belts**

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Ø*Belt Used Improperly*

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):(9) Unknown**20. Manual (Active) Belt Failure Modes***During Accident*

(0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):

Ø(6) Broken retractor(7) Combination of above (specify):(8) Other manual belt failure (specify):(9) Unknown**21. Air Bag System Availability/Function**

(0) Not equipped/not available
 (1) Air bag

Ø*Non-functional*

(2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

Ø**23. Did Air Bag System Fail?**

(0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (9) Unknown

Ø

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify):
 (8) Restrained, type unknown
 (9) Police indicated "unknown"

Ø**25. Head Restraint Type/Damage by Occupant***at This Occupant Position*

(0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

1

<p>26. Seat Type (this Occupant Position) <u>Ø 4</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown</p>	<p>30. Child Safety Seat Orientation <u>Ø Ø</u></p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i></p> <p>(01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i></p> <p>(11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i></p> <p>(21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>
<p>27. Seat Performance (this Occupant Position) <u>6</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): <u>DOOR PANEL</u> (7) Combination of above (specify): (8) Other (specify): (9) Unknown</p>	<p>31. Child Safety Seat Harness Usage <u>Ø Ø</u></p> <p>32. Child Safety Seat Shield Usage <u>Ø Ø</u></p> <p>33. Child Safety Seat Tether Usage <u>Ø Ø</u></p> <p><i>Note: Options below applicable to Variables OA31-OA33.</i></p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i></p> <p>(01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i></p> <p>(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i></p> <p>(21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
<p>CHILD SAFETY SEAT</p> <p>28. Child Safety Seat Make/Model <u>Ø Ø Ø</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>Ø</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p>28. Child Safety Seat Make/Model <u>Ø Ø Ø</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>Ø</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

3**35. Treatment - Mortality**

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease

4*Nonfatal*

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown**36. Type Of Medical Facility (for Initial Treatment)**

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown**37. Hospital Stay**

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

(61) 61 days or more
 (99) Unknown

0 0**38. Working Days Lost**

Code the number of days (up through 60) that the occupant lost from work due to the accident

(00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

9 7**39. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

(00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

0 0**40. 1st Medically Reported Cause of Death**0 0**41. 2nd Medically Reported Cause of Death**0 0**42. 3rd Medically Reported Cause of Death**0 0

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

(00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown**43. Number of Recorded Injuries for This Occupant**0 5

Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case Occupant1

(0) Not the Case Occupant
 (1) This is the Case Occupant
 (2) This is the Case Occupant in another case.

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/
Function

(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered
inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or
rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually
disconnected, motorized track inoperative)
(specify):
(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type

(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive
Belt System)

(0) Not equipped/not available/not used
(1) Autornatic belt used properly
(2) Automatic belt used properly with
child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than
one person
(6) Lap portion of automatic belt worn
on abdomen
(7) Automatic lap and shoulder belt or
automatic shoulder belt used improperly
with child safety seat (specify):
(8) Other improper use of automatic belt system
(specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accident

(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
(9) Unknown

49. Seat Orientation (this Occupant Position)

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):
(9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score
(at Medical Facility)

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood?

(1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	2
2. Case Number - Stratum	DSI-92-AB-12
3. Vehicle Number	4. Occupant Number
	1 2

INJURY DATA

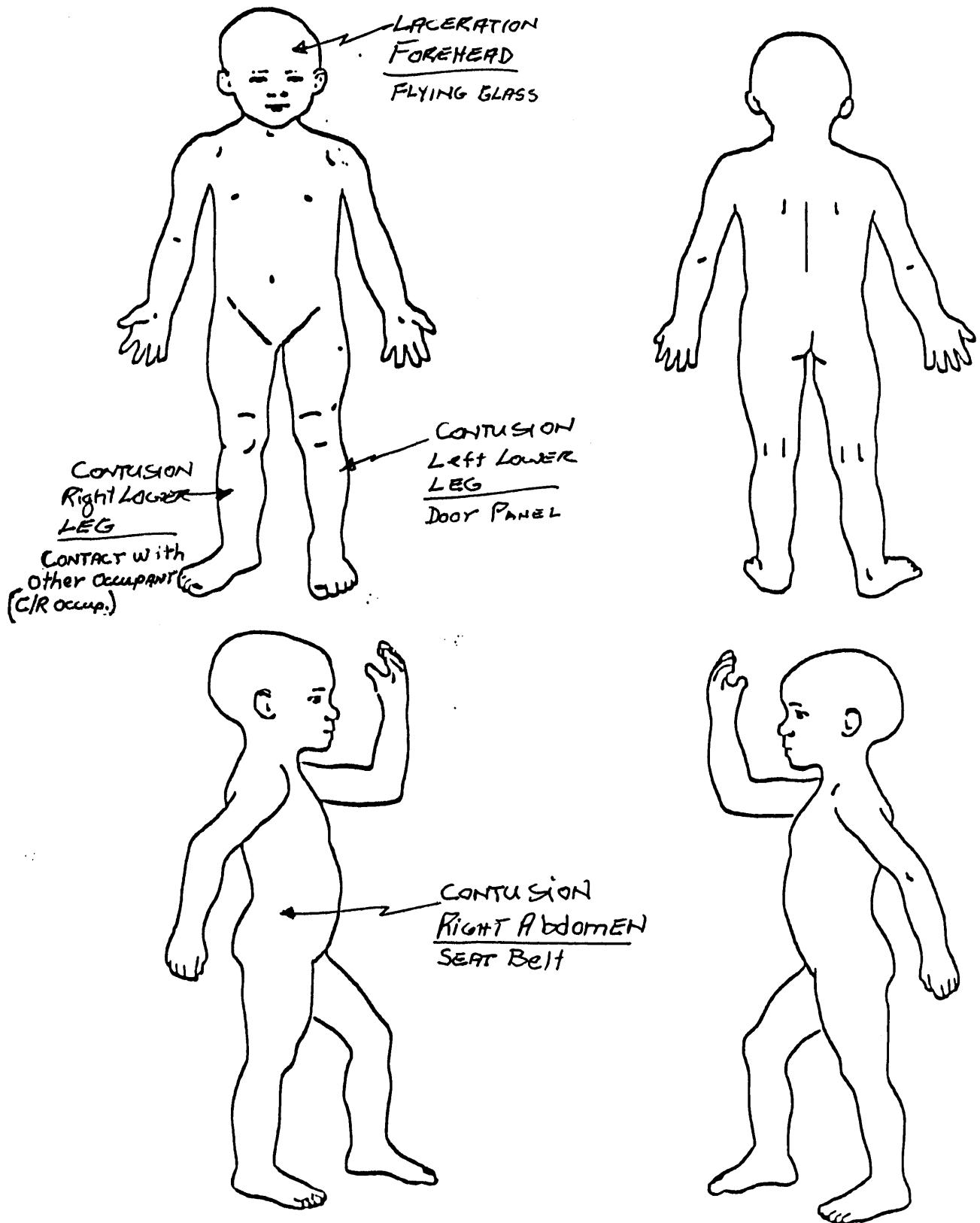
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.		
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity						
1st	5. <u>3</u>	6. <u>L</u>	7. <u>R</u>	8. <u>C</u>	9. <u>I</u>	10. <u>1</u>	11. <u>46</u>	12. <u>1</u>	13. <u>1</u>	14. <u>00</u>	924.10
2nd	15. <u>3</u>	16. <u>L</u>	17. <u>L</u>	18. <u>C</u>	19. <u>I</u>	20. <u>1</u>	21. <u>20</u>	22. <u>1</u>	23. <u>1</u>	24. <u>02</u>	924.10
3rd	25. <u>3</u>	26. <u>F</u>	27. <u>S</u>	28. <u>L</u>	29. <u>I</u>	30. <u>1</u>	31. <u>91</u>	32. <u>1</u>	33. <u>1</u>	34. <u>00</u>	873.42
4th	35. <u>3</u>	36. <u>F</u>	37. <u>I</u>	38. <u>L</u>	39. <u>D</u>	40. <u>1</u>	41. <u>46</u>	42. <u>1</u>	43. <u>2</u>	44. <u>00</u>	873.64
5th	45. <u>3</u>	46. <u>M</u>	47. <u>R</u>	48. <u>C</u>	49. <u>I</u>	50. <u>1</u>	51. <u>41</u>	52. <u>1</u>	53. <u>1</u>	54. <u>00</u>	922.2
6th	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	
7th	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	
8th	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	82. <u> </u>	83. <u> </u>	84. <u> </u>	
9th	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	93. <u> </u>	94. <u> </u>	
10th	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	104. <u> </u>	

OCCUPANT INJURY DATA

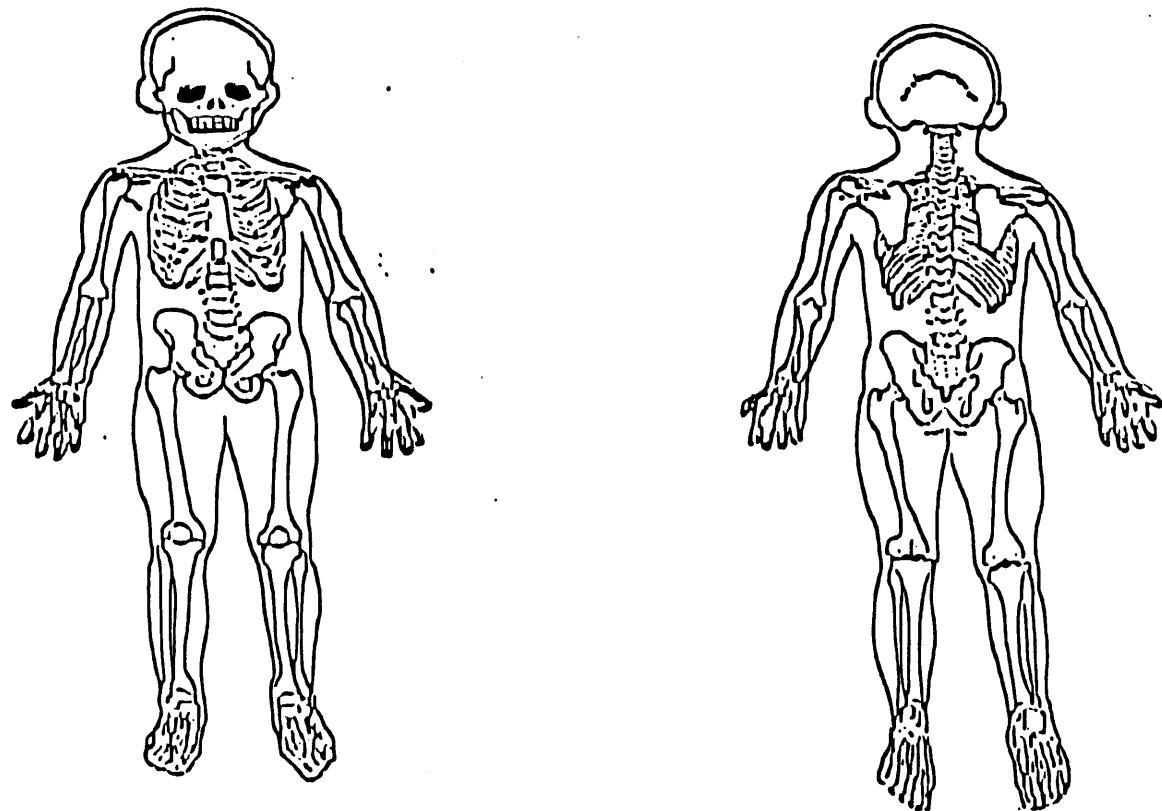
ICD-9

SOFT TISSUE INJURIES

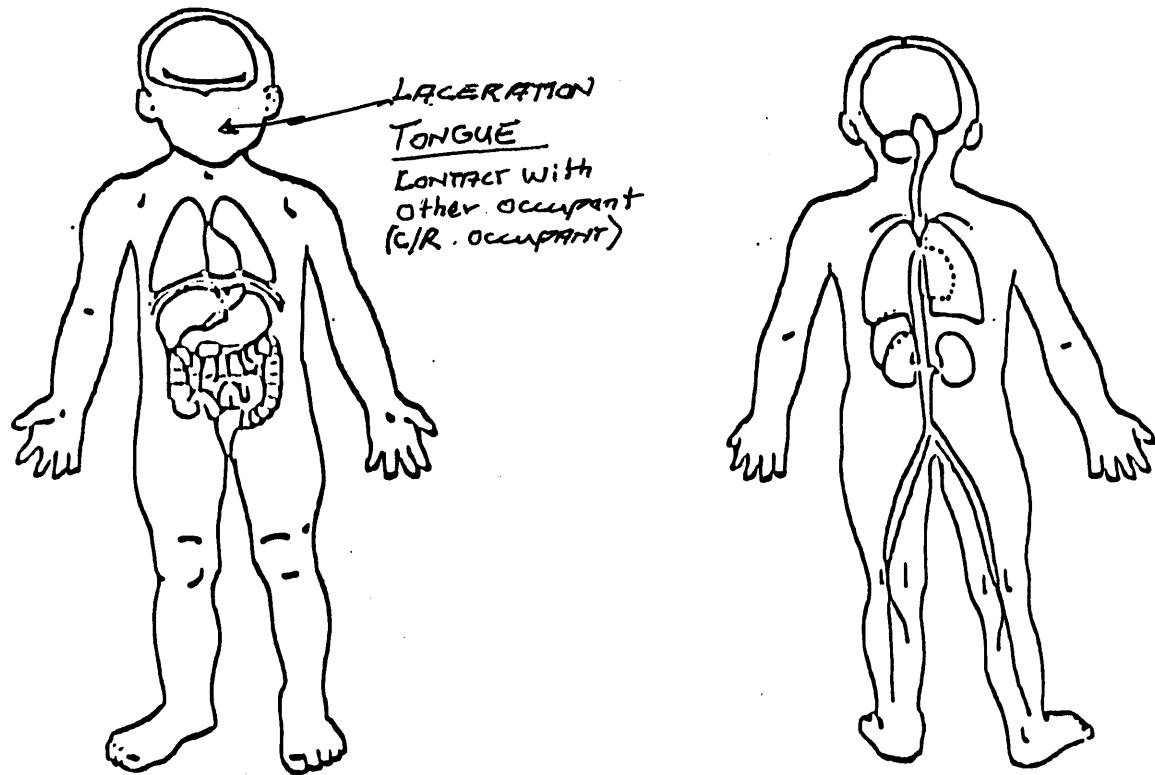


SOURCE OF INJURY DATA <p>OFFICIAL</p> <p>(1) Autopsy records with or without hospital medical records (2) Hospital medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic</p> <p>UNOFFICIAL</p> <p>(5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police</p>		<p>(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (27) Other left side object (specify): _____ (28) Left side window sill</p> <p>RIGHT SIDE</p> <p>(29) Right side interior surface, excluding hardware or armrests (30) Right side hardware or armrest (31) Right A pillar (32) Right B pillar (33) Other right pillar (specify): _____ (34) Right side window glass or frame (35) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail. (36) Other right side object (specify): _____ (37) Right side window sill</p> <p>INTERIOR</p> <p>(38) Seat, back support (39) Belt restraint webbing/buckle (40) Belt restraint B-pillar attachment point (41) Other restraint system component (specify): _____ (42) Head restraint system (43) Air bag (44) Other occupants (specify): <i>#04 (C/R position)</i> (45) Interior loose objects (46) Child safety seat (specify): _____ (47) Other interior object (specify): _____</p> <p>ROOF</p> <p>(48) Front header (49) Rear header (50) Roof left side rail (51) Roof right side rail (52) Roof or convertible top</p> <p>FLOOR</p> <p>(53) Floor (including toe pan) (54) Floor or console mounted transmission lever, including console (55) Parking brake handle (56) Foot controls including parking brake</p> <p>REAR</p> <p>(57) Backlight (rear window)</p> <p>(60) Backlight storage rack, door, etc. (61) Other rear object (specify): _____</p> <p>EXTERIOR OF OCCUPANT'S VEHICLE</p> <p>(62) Hood (63) Outside hardware (e.g., outside mirror, antenna) (64) Other exterior surface or tires (specify): _____ (65) Unknown exterior objects</p> <p>EXTERIOR OF OTHER MOTOR VEHICLE</p> <p>(66) Front bumper (67) Hood edge (68) Other front of vehicle (specify): _____</p> <p>(69) Hood (70) Hood ornament (71) Windshield, roof rail, A-pillar (72) Side surface (73) Side mirrors (74) Other side protrusions (specify): _____</p> <p>(75) Rear surface (76) Undercarriage (77) Tires and wheels (78) Other exterior of other motor vehicle (specify): _____ (79) Unknown exterior of other motor vehicle</p> <p>OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT</p> <p>(80) Ground (81) Other vehicle or object (specify): _____ (82) Unknown vehicle or object</p> <p>(83) Unknown exterior of other motor vehicle</p> <p>NONCONTACT INJURY</p> <p>(84) Fire in vehicle (85) Flying glass (86) Other noncontact injury source (specify): _____ (87) Air bag exhaust gases (88) Injured, unknown source</p> <p>INJURY SOURCE CONFIDENCE LEVEL</p> <p>(1) Certain (2) Probable (3) Possible (4) Unknown</p> <p>DIRECT/INDIRECT INJURY</p> <p>(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (4) Injured, unknown source</p>																																																																																								
<p>O.I.C. Body Region</p> <table border="1"> <tr> <td>Aspect of Injury</td> <td>Fracture</td> <td>Liver</td> </tr> <tr> <td>(M) Abdomen</td> <td>(A) Anterior—front</td> <td>(I) Fracture and dislocation</td> <td>(M) Muscles</td> </tr> <tr> <td>(O) Ankle—foot</td> <td>(B) Bilateral (rib fracture only)</td> <td>(U) Injured, unknown lesion</td> <td>(N) Nervous system</td> </tr> <tr> <td>(A) Arm (upper)</td> <td>(C) Central</td> <td>(L) Laceration</td> <td>(P) Pulmonary—lungs</td> </tr> <tr> <td>(B) Back-thoracolumbar spine</td> <td>(D) Inferior—lower</td> <td>(O) Other</td> <td>(R) Respiratory</td> </tr> <tr> <td>(C) Chest</td> <td>(U) Injured, unknown aspect</td> <td>(P) Perforation, puncture</td> <td>(S) Skeletal</td> </tr> <tr> <td>(E) Elbow</td> <td>(L) Left</td> <td>(R) Rupture</td> <td>(C) Spinal cord</td> </tr> <tr> <td>(F) Face</td> <td>(P) Posterior—back</td> <td>(S) Sprain</td> <td>(Q) Spleen</td> </tr> <tr> <td>(H) Forearm</td> <td>(R) Right</td> <td>(T) Strain</td> <td>(T) Thyroid, other endocrine gland</td> </tr> <tr> <td>(I) Head—skull</td> <td>(S) Superior—upper</td> <td>(E) Total severance, transection</td> <td>(V) Vertebrae</td> </tr> <tr> <td>(O) Injured, unknown region</td> <td>(W) Whole region</td> <td>System/Organ</td> <td></td> </tr> <tr> <td>(K) Knee</td> <td>Lesion</td> <td>(W) All systems in region</td> <td>Abbreviated Injury Scale</td> </tr> <tr> <td>(L) Leg (lower)</td> <td>(A) Abrasion</td> <td>(A) Arteries—veins</td> <td>(1) Minor injury</td> </tr> <tr> <td>(Y) Lower limb(s) (whole or unknown part)</td> <td>(M) Amputation</td> <td>(B) Brain</td> <td>(2) Moderate injury</td> </tr> <tr> <td>(N) Neck—cervical spine</td> <td>(V) Avulsion</td> <td>(D) Digestive</td> <td>(3) Serious injury</td> </tr> <tr> <td>(P) Pelvic—hip</td> <td>(B) Burn</td> <td>(E) Ears</td> <td>(4) Severe injury</td> </tr> <tr> <td>(S) Shoulder</td> <td>(K) Concussion</td> <td>(O) Eye</td> <td>(5) Critical injury</td> </tr> <tr> <td>(I) Thigh</td> <td>(C) Contusion</td> <td>(H) Heart</td> <td>(6) Maximum (untreatable)</td> </tr> <tr> <td>(X) Upper limb(s) (whole or unknown part)</td> <td>(N) Crush</td> <td>(U) Injured, unknown system</td> <td>(7) Injured, unknown severity</td> </tr> <tr> <td>(O) Whole body</td> <td>(G) Detachment, separation</td> <td>(I) Integumentary</td> <td></td> </tr> <tr> <td>(W) Wrist—hand</td> <td>(D) Dislocation</td> <td>(J) Joints</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(K) Kidneys</td> <td></td> </tr> </table>				Aspect of Injury	Fracture	Liver	(M) Abdomen	(A) Anterior—front	(I) Fracture and dislocation	(M) Muscles	(O) Ankle—foot	(B) Bilateral (rib fracture only)	(U) Injured, unknown lesion	(N) Nervous system	(A) Arm (upper)	(C) Central	(L) Laceration	(P) Pulmonary—lungs	(B) Back-thoracolumbar spine	(D) Inferior—lower	(O) Other	(R) Respiratory	(C) Chest	(U) Injured, unknown aspect	(P) Perforation, puncture	(S) Skeletal	(E) Elbow	(L) Left	(R) Rupture	(C) Spinal cord	(F) Face	(P) Posterior—back	(S) Sprain	(Q) Spleen	(H) Forearm	(R) Right	(T) Strain	(T) Thyroid, other endocrine gland	(I) Head—skull	(S) Superior—upper	(E) Total severance, transection	(V) Vertebrae	(O) Injured, unknown region	(W) Whole region	System/Organ		(K) Knee	Lesion	(W) All systems in region	Abbreviated Injury Scale	(L) Leg (lower)	(A) Abrasion	(A) Arteries—veins	(1) Minor injury	(Y) Lower limb(s) (whole or unknown part)	(M) Amputation	(B) Brain	(2) Moderate injury	(N) Neck—cervical spine	(V) Avulsion	(D) Digestive	(3) Serious injury	(P) Pelvic—hip	(B) Burn	(E) Ears	(4) Severe injury	(S) Shoulder	(K) Concussion	(O) Eye	(5) Critical injury	(I) Thigh	(C) Contusion	(H) Heart	(6) Maximum (untreatable)	(X) Upper limb(s) (whole or unknown part)	(N) Crush	(U) Injured, unknown system	(7) Injured, unknown severity	(O) Whole body	(G) Detachment, separation	(I) Integumentary		(W) Wrist—hand	(D) Dislocation	(J) Joints				(K) Kidneys	
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(L) Leg (lower)	(A) Abrasion	(A) Arteries—veins	(1) Minor injury																																																																																							
(Y) Lower limb(s) (whole or unknown part)	(M) Amputation	(B) Brain	(2) Moderate injury																																																																																							
(N) Neck—cervical spine	(V) Avulsion	(D) Digestive	(3) Serious injury																																																																																							
(P) Pelvic—hip	(B) Burn	(E) Ears	(4) Severe injury																																																																																							
(S) Shoulder	(K) Concussion	(O) Eye	(5) Critical injury																																																																																							
(I) Thigh	(C) Contusion	(H) Heart	(6) Maximum (untreatable)																																																																																							
(X) Upper limb(s) (whole or unknown part)	(N) Crush	(U) Injured, unknown system	(7) Injured, unknown severity																																																																																							
(O) Whole body	(G) Detachment, separation	(I) Integumentary																																																																																								
(W) Wrist—hand	(D) Dislocation	(J) Joints																																																																																								
		(K) Kidneys																																																																																								

SKELETAL INJURIES



INTERNAL ORGAN INJURIES





U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DS1-92-AB-12
3. Vehicle Number 0 2
4. Occupant Number 0 4

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 10
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 9 9
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight 9 9 9
Code actual weight to the nearest pounds.
(999) Unknown

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 9 8
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat

- (21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat

- (31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat

- (41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify): Not designated
(99) Unknown

11. Occupant Posture
(0) Normal posture
(1) Abnormal posture (specify):
NOT DESIGNED for a Seating position
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 1
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area 0
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify):
(9) Unknown

14. Ejection Medium 0
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown

15. Medium Status (Immediately Prior To Impact) 0
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment 0
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability

(0) None available
 (1) Belt removed/destroyed
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt available—type unknown

Integral Belt Partially Destroyed

(6) Shoulder belt (lap belt destroyed/removed)
 (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use

(00) None used, not available, or belt removed/destroyed
 (01) Inoperative (specify): _____

(02) Shoulder belt
 (03) Lap belt
 (04) Lap and shoulder belt
 (05) Belt used—type unknown
 (08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat
 (13) Lap belt used with child safety seat
 (14) Lap and shoulder belt used with child safety seat
 (15) Belt used with child safety seat—type unknown
 (18) Other belt used with child safety seat (specify): _____
 (99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts

(0) None used or not available
 (1) Belt used properly
 (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm
 (4) Shoulder belt worn behind back or seat
 (5) Belt worn around more than one person
 (6) Lap belt worn on abdomen
 (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes

During Accident

(0) No manual belt used
 (1) No manual belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify): _____

(6) Broken retractor
 (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function

(0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____
 (3) Air bag not reinstalled
 (9) Unknown

22. Air Bag System Deployment

(0) Not equipped/not available
 (1) Air bag deployed during accident (as a result of impact)
 (2) Air bag deployed inadvertently just prior to accident
 (3) Air bag deployed, accident sequence undetermined
 (4) Nondeployed
 (5) Unknown if deployed
 (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (9) Unknown

23. Did Air Bag System Fail?

(0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

(0) None used
 (1) Police did not indicate restraint use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown
 (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

(0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify): _____

(9) Unknown

<p>26. Seat Type (this Occupant Position) <u>Ø 9</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): <i>Not a designated seating position</i> (10) Box mounted seat (i.e., van type) (99) Unknown</p> <p>27. Seat Performance (this Occupant Position) <u>8</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): _____ _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other (specify): <i>Not a designated seating position</i> (9) Unknown</p>	<p>30. Child Safety Seat Orientation <u>Ø Ø</u></p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____</p> <p>(09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____</p> <p>(19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____</p> <p>(29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>
<p>CHILD SAFETY SEAT</p> <p>28. Child Safety Seat Make/Model <u>Ø Ø Ø</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (99) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>Ø</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u>Ø Ø</u></p> <p>32. Child Safety Seat Shield Usage <u>Ø Ø</u></p> <p>33. Child Safety Seat Tether Usage <u>Ø Ø</u></p> <p>Note: Options below applicable to Variables OA31-OA33.</p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>

INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

3

35. Treatment - Mortality

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease

4*Nonfatal*

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):

(9) Unknown

37. Hospital Stay

(00) Not Hospitalized0 0Code the number of days (up through 60) that the occupant stayed in hospital.

(61) 61 days or more
 (99) Unknown

38. Working Days Lost

Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

9 7

39. Time to Death

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

0 0

40. 1st Medically Reported Cause of Death

0 0

41. 2nd Medically Reported Cause of Death

0 0

42. 3rd Medically Reported Cause of Death

0 0

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant

0 2Code the actual number of injuries recorded for this occupant.

(00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case Occupant

1

(0) Not the Case Occupant
 (1) This is the Case Occupant
 (2) This is the Case Occupant in another case.

AUTOMATIC BELT SYSTEM	
<p>44. Automatic (Passive) Belt System Availability/ <u>0</u> Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown</p> <p>Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown</p> <p>45. Automatic (Passive) Belt System Use <u>0</u> (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown</p> <p>46. Automatic (Passive) Belt System Type <u>0</u> (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown</p> <p>47. Proper Use of Automatic (Passive) Belt System <u>0</u> (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat</p> <p>Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown</p>	<p>48. Automatic (Passive) Belt Failure Modes During Accident <u>0</u> (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown</p> <p>49. Seat Orientation (this Occupant Position) <u>8</u> (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): <i>Not a DESIGNATED Seating position</i> (9) Unknown</p>
TRAUMA DATA	
<p>50. Glasgow Coma Scale (GCS) Score <u>0 2</u> (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured</p> <p>51. Was the Occupant Given Blood? <u>9</u> (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given</p> <p>52. Arterial Blood Gases (ABG) - HCO₃ <u>0 1</u> (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO₃ (96) ABGs reported, HCO₃ unknown (97) Injured, details unknown (99) Unknown if injured</p>	
UPDATE CANDIDATE? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	
*** STOP HERE *** IF THERE ARE NO RECORDED INJURIES (I.E., OA43 = 00,97,99)	



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number _____

Φ 7

2. Case Number - Stratum

DSI-92-AB-12

4. Occupant Number

Φ 4

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

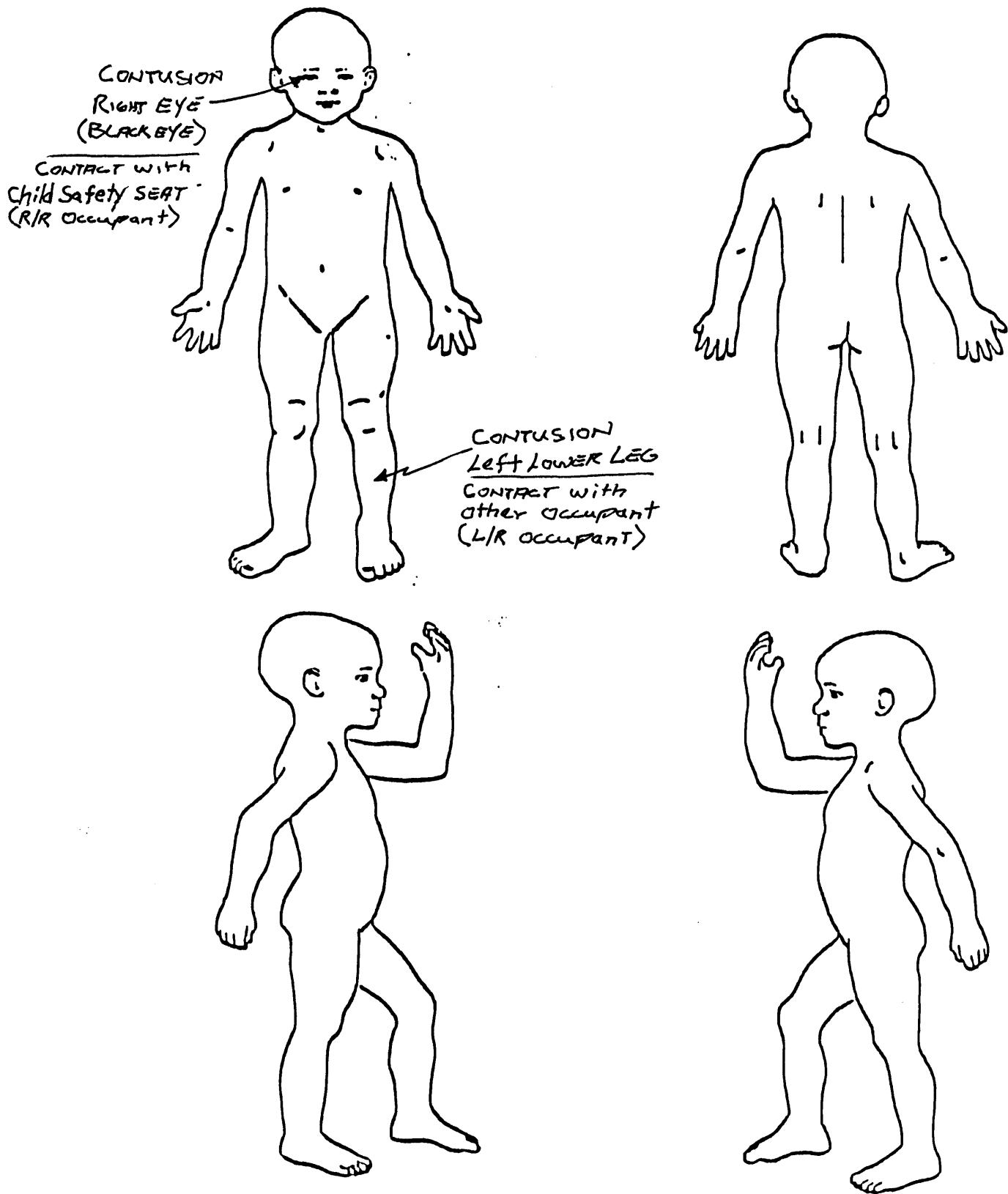
Source of Injury Date	O.I.C.-A.I.S					Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	ICD-9		
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity						
1st	5. 3	6. L	7. L	8. C	9. I	10. 1	11. 46	12. 1	13. 1	14. ΦΦ	924.10
2nd	15. 3	16. F	17. R	18. C	19. O	20. 1	21. 48	22. 1	23. 1	24. ΦΦ	921.Φ
3rd	26. ____	28. ____	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	_____
4th	36. ____	36. ____	37. ____	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	_____
5th	46. ____	46. ____	47. ____	48. ____	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	_____
6th	56. ____	56. ____	57. ____	58. ____	59. ____	60. ____	61. ____	62. ____	63. ____	64. ____	_____
7th	66. ____	66. ____	67. ____	68. ____	69. ____	70. ____	71. ____	72. ____	73. ____	74. ____	_____
8th	76. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	82. ____	83. ____	84. ____	_____
9th	86. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	93. ____	94. ____	_____
10th	96. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	104. ____	_____

OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—

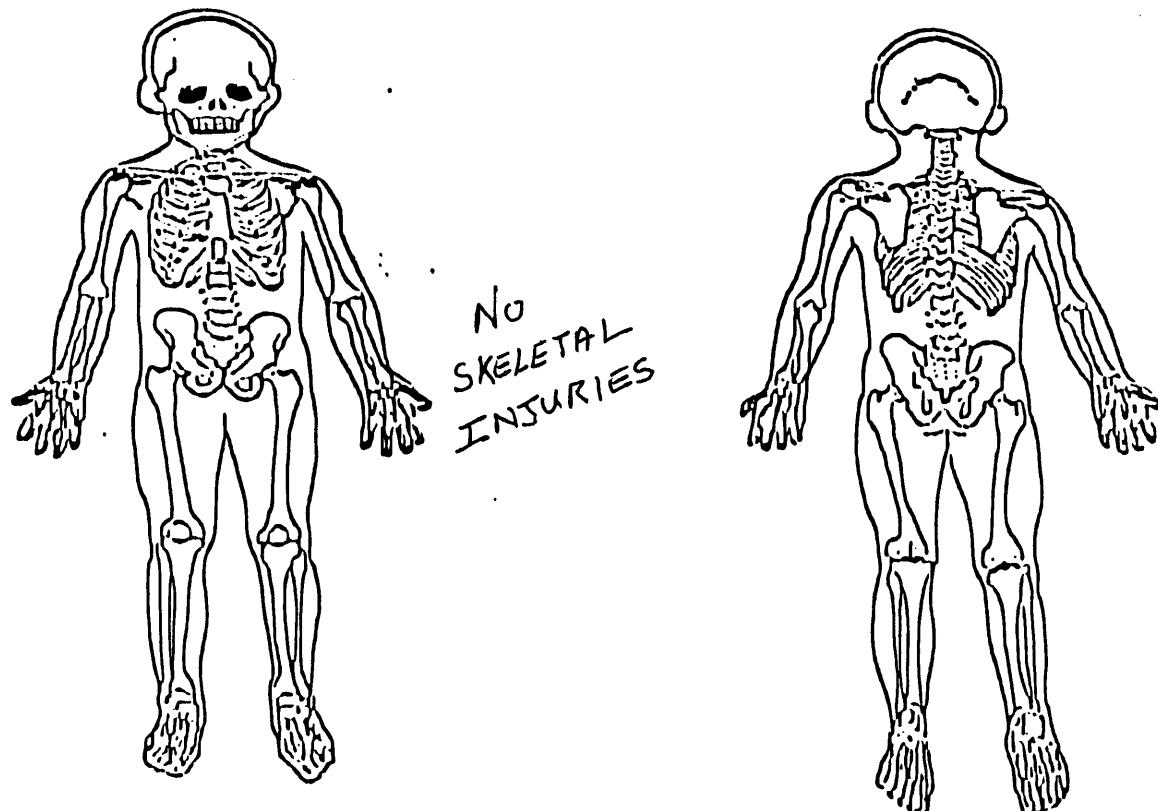
ICD-9

SOFT TISSUE INJURIES

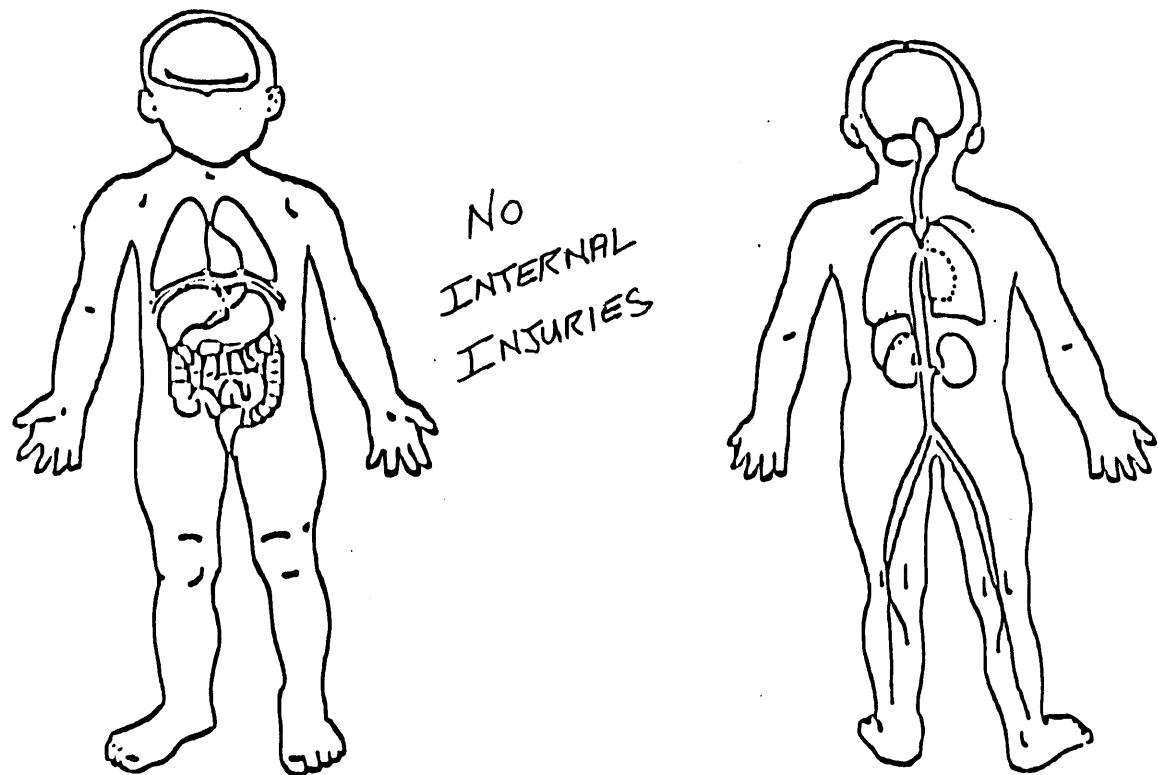


SOURCE OF INJURY DATA <p>OFFICIAL</p> <p>(1) Autopsy records with or without hospital medical records (2) Hospital medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic</p> <p>UNOFFICIAL</p> <p>(5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police</p>		<p>(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (27) Other left side object (specify): (28) Left side window sill</p> <p>RIGHT SIDE</p> <p>(30) Right side interior surface, excluding hardware or armrests (31) Right side hardware or armrest (32) Right A pillar (33) Right B pillar (34) Other right pillar (specify): (35) Right side window glass or frame (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail. (37) Other right side object (specify): (38) Right side window sill</p> <p>INTERIOR</p> <p>(40) Seat, back support (41) Belt restraint webbing/buckle (42) Belt restraint B-pillar attachment point (43) Other restraint system component (specify): (44) Head restraint system (45) Air bag (46) Other occupants (specify): (47) Interior loose objects (48) Child safety seat (specify): (49) Other interior object (specify): <i>Located at R/R seating position</i></p> <p>ROOF</p> <p>(50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top</p> <p>FLOOR</p> <p>(56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake</p> <p>REAR</p> <p>(60) Backlight (rear window)</p>	<p>(61) Backlight storage rack, door, etc. (62) Other rear object (specify):</p> <p>EXTERIOR OF OCCUPANT'S VEHICLE</p> <p>(65) Hood (66) Outside hardware (e.g., outside mirror, antenna) (67) Other exterior surface or tires (specify): (68) Unknown exterior objects</p> <p>EXTERIOR OF OTHER MOTOR VEHICLE</p> <p>(70) Front bumper (71) Hood edge (72) Other front of vehicle (specify): (73) Hood (74) Hood ornament (75) Windshield, roof rail, A-pillar (76) Side surface (77) Side mirrors (78) Other side protrusions (specify): (79) Rear surface (80) Undercarriage (81) Tires and wheels (82) Other exterior of other motor vehicle (specify): (83) Unknown exterior of other motor vehicle</p> <p>OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT</p> <p>(84) Ground (85) Other vehicle or object (specify): (86) Unknown vehicle or object</p> <p>NONCONTACT INJURY</p> <p>(90) Fire in vehicle (91) Flying glass (92) Other noncontact injury source (specify): (93) Air bag exhaust gases (97) Injured, unknown source</p> <p>INJURY SOURCE CONFIDENCE LEVEL</p> <p>(1) Certain (2) Probable (3) Possible (9) Unknown</p> <p>DIRECT/INDIRECT INJURY</p> <p>(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source</p>																																																																																						
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SKELETAL INJURIES



INTERNAL ORGAN INJURIES





U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____ 2. Case Number - Stratum <u>DSI-92-AB-12</u> 3. Vehicle Number <u>0 3</u> 4. Occupant Number <u>0 5</u>		11. Occupant Posture (0) Normal posture (1) Abnormal posture (specify): <u>IN CHILD SAFETY SEAT</u> (9) Unknown
OCCUPANT'S CHARACTERISTICS		
5. Occupant's Age <u>0 1</u> Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown		12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown
6. Occupant's Sex <u>1</u> (1) Male (2) Female (9) Unknown		13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): _____ (9) Unknown
7. Occupant's Height <u>9 9</u> Code actual height to the nearest inch. (99) Unknown		14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown
8. Occupant's Weight <u>9 9 9</u> Code actual weight to the nearest pounds. (999) Unknown		15. Medium Status (Immediately Prior To Impact) <u>0</u> (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
9. Occupant's Role <u>2</u> (1) Driver (2) Passenger (9) Unknown		16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
10. Occupant's Seat Position <u>2 3</u> <i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant		
<i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant		
<i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant		
<i>Fourth Seat</i> (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant		
(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown		

RESTRAINT SYSTEM AND SEAT EVALUATION	
17. Manual (Active) Belt System Availability	3
(0) None available	
(1) Belt removed/destroyed	
(2) Shoulder belt	
(3) Lap belt	
(4) Lap and shoulder belt	
(5) Belt available—type unknown	
<i>Integral Belt Partially Destroyed</i>	
(6) Shoulder belt (lap belt destroyed/removed)	
(7) Lap belt (shoulder belt destroyed/removed)	
(8) Other belt (specify):	
(9) Unknown	
18. Manual (Active) Belt System Use	14
(00) None used, not available, or belt removed/destroyed	
(01) Inoperative (specify):	
(02) Shoulder belt	
(03) Lap belt	
(04) Lap and shoulder belt	
(05) Belt used—type unknown	
(08) Other belt used (specify):	
(12) Shoulder belt used with child safety seat	
(13) Lap belt used with child safety seat	
(14) Lap and shoulder belt used with child safety seat	
(15) Belt used with child safety seat—type unknown	
(18) Other belt used with child safety seat (specify):	
(99) Unknown if belt used	
19. Proper Use of Manual (Active) Belts	1
(0) None used or not available	
(1) Belt used properly	
(2) Belt used properly with child safety seat	
<i>Belt Used Improperly</i>	
(3) Shoulder belt worn under arm	
(4) Shoulder belt worn behind back or seat	
(5) Belt worn around more than one person	
(6) Lap belt worn on abdomen	
(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):	
(8) Other improper use of manual belt system (specify):	
(9) Unknown	
20. Manual (Active) Belt Failure Modes During Accident	1
(0) No manual belt used	
(1) No manual belt failure(s)	
(2) Torn webbing (stretched webbing not included)	
(3) Broken buckle or latchplate	
(4) Upper anchorage separated	
(5) Other anchorage separated (specify):	
(6) Broken retractor	
(7) Combination of above (specify):	
(8) Other manual belt failure (specify):	
(9) Unknown	
21. Air Bag System Availability/Function	φ
(0) Not equipped/not available	
(1) Air bag	
<i>Non-functional</i>	
(2) Air bag disconnected (specify):	
(3) Air bag not reinstalled	
(9) Unknown	
22. Air Bag System Deployment	φ
(0) Not equipped/not available	
(1) Air bag deployed during accident (as a result of impact)	
(2) Air bag deployed inadvertently just prior to accident	
(3) Air bag deployed, accident sequence undetermined	
(4) Nondeployed	
(5) Unknown if deployed	
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)	
(9) Unknown	
23. Did Air Bag System Fail?	φ
(0) Not equipped/not available	
(1) No	
(2) Yes (specify):	
(9) Unknown	
<i>Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts</i>	
24. Police Reported Restraint Use	6
(0) None used	
(1) Police did not indicate restraint use	
(2) Shoulder belt	
(3) Lap belt	
(4) Lap and shoulder belt	
(5) Belt used, type not specified	
(6) Child safety seat	
(7) Other or automatic restraint (specify):	
(8) Restrained, type unknown	
(9) Police indicated "unknown"	
25. Head Restraint Type/Damage by Occupant at This Occupant Position	1
(0) No head restraints	
(1) Integral—no damage	
(2) Integral—damaged during accident	
(3) Adjustable—no damage	
(4) Adjustable—damaged during accident	
(5) Add-on—no damage	
(6) Add-on—damaged during accident	
(8) Other (specify):	
(9) Unknown	

<p>26. Seat Type (this Occupant Position) <u>Ø 4</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): _____ (10) Box mounted seat (i.e., van type) (99) Unknown</p> <p>27. Seat Performance (this Occupant Position) <u>1</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): _____ (7) Combination of above (specify): _____ (8) Other (specify): _____ (9) Unknown</p>	<p>30. Child Safety Seat Orientation <u>1 2</u></p> <p>(00) No child safety seat <i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation <i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation <i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation (99) Unknown if child safety seat used</p>
<p>CHILD SAFETY SEAT</p> <p>28. Child Safety Seat Make/Model <u>2 2 6</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): _____ (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>3</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u>1 2</u></p> <p>32. Child Safety Seat Shield Usage <u>1 2</u></p> <p>33. Child Safety Seat Tether Usage <u>Ø 3</u></p> <p>Note: Options below applicable to Variables OA31-OA33.</p> <p>(00) No child safety seat <i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used <i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used <i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used</p>

INJURY CONSEQUENCES	
<p>34. Injury Severity (Police Rating) <u>3</u></p> <p>(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown</p> <p>35. Treatment - Mortality <u>4</u></p> <p>(0) No treatment (1) Fatal (2) Fatal - ruled disease</p> <p><i>Nonfatal</i></p> <p>(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): _____ (9) Unknown</p> <p>36. Type Of Medical Facility (for Initial Treatment) <u>2</u></p> <p>(0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): _____ (9) Unknown</p> <p>37. Hospital Stay <u>Ø Ø</u></p> <p>(00) Not Hospitalized _____ Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown</p>	<p>38. Working Days Lost <u>9 7</u></p> <p>_____ Code the number of days (up through 60) that the occupant lost from work due to the accident</p> <p>(00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown</p> <p>39. Time to Death <u>Ø Ø</u></p> <p>_____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)</p> <p>(00) Not fatal (96) Fatal - ruled disease (99) Unknown</p> <p>40. 1st Medically Reported Cause of Death <u>Ø Ø</u></p> <p>41. 2nd Medically Reported Cause of Death <u>Ø Ø</u></p> <p>42. 3rd Medically Reported Cause of Death <u>Ø Ø</u></p> <p>_____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death</p> <p>(00) Not fatal or no additional causes (97) Other result (specify): _____ (99) Unknown</p> <p>43. Number of Recorded Injuries for This Occupant <u>Ø 2</u></p> <p>_____ Code the actual number of injuries recorded for this occupant.</p> <p>(00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured</p> <p>99. Case Occupant <u>1</u></p> <p>(0) Not the Case Occupant (1) This is the Case Occupant (2) This is the Case Occupant in another case.</p>

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/
Function *(P)*

(0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional
(4) Automatic belts destroyed or rendered
inoperative
(9) Unknown

45. Automatic (Passive) Belt System Use *(P)*

(0) Not equipped/not available/destroyed or
rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually
disconnected, motorized track inoperative)
(specify):
(3) Automatic belt use unknown
(9) Unknown

46. Automatic (Passive) Belt System Type *(P)*

(0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

47. Proper Use of Automatic (Passive
Belt System *(P)*

(0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with
child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than
one person
(6) Lap portion of automatic belt worn
on abdomen
(7) Automatic lap and shoulder belt or
automatic shoulder belt used improperly
with child safety seat (specify):
(8) Other improper use of automatic belt system
(specify):
(9) Unknown

48. Automatic (Passive) Belt Failure Modes
During Accident *(P)*

(0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):
(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):
(9) Unknown

49. Seat Orientation (this Occupant Position) *(P)*

(0) Occupant not seated or no seat
(1) Forward facing seat
(2) Rear facing seat
(3) Side facing seat (inward)
(4) Side facing seat (outward)
(8) Other (specify):
(9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score *(P) 2*
(at Medical Facility)

(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured

51. Was the Occupant Given Blood? *(P) 9*

(1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ *(P) 1*

(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

UPDATE CANDIDATE? NO YES

OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
IF THERE ARE NO RECORDED INJURIES
(I.E., OA43=00,97,99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number _____

Φ 2

2. Case Number - Stratum

DSI-92-AB-12

4. Occupant Number

Φ 5

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

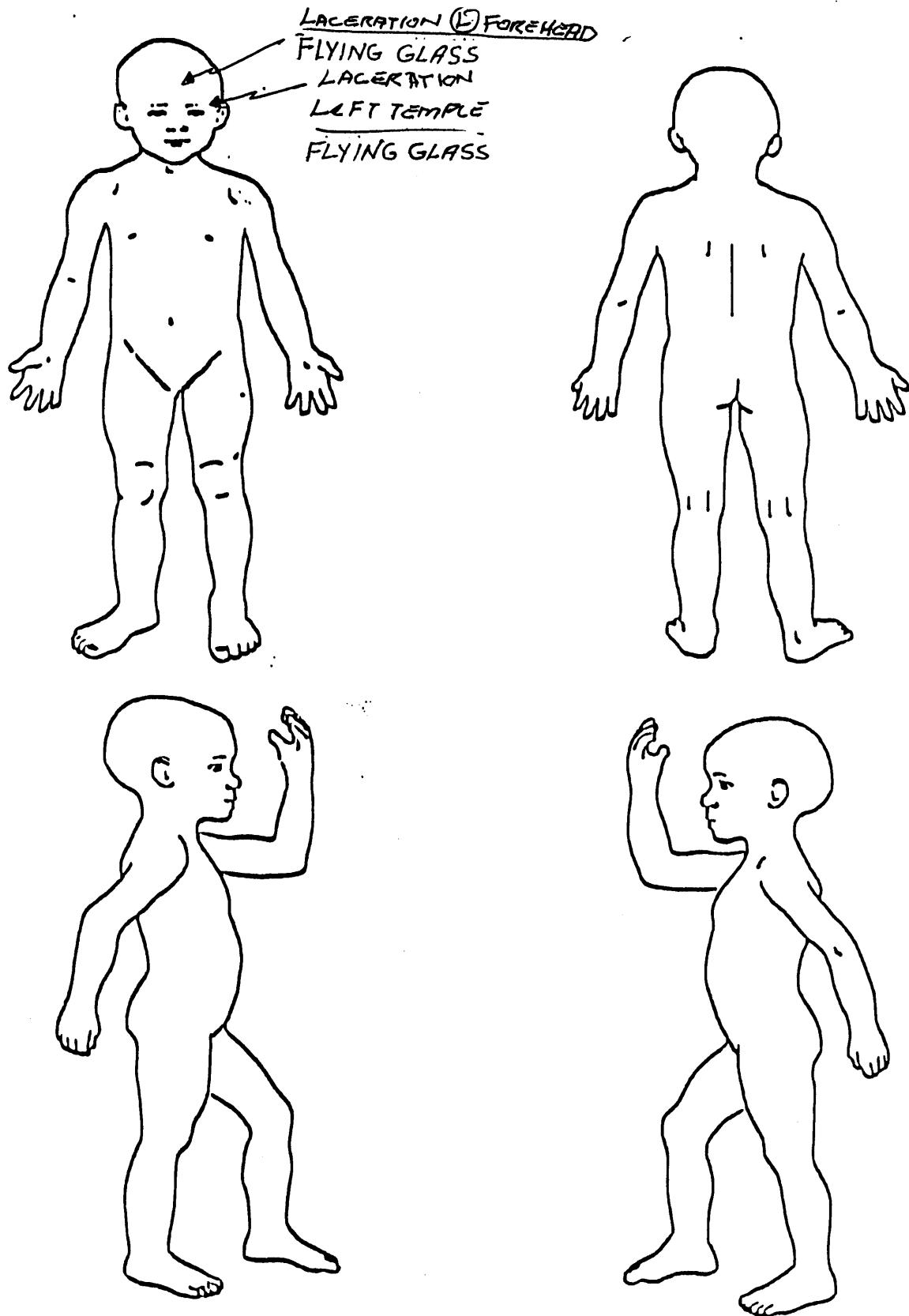
Source of Injury Data	O.I.C.-A.I.S						Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.	ICD-9	
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source					
1st	5. 3	6. H	7. L	8. L	9. I	10. I	11. 91	12. L	13. L	14. ΦΦ	873.40
2nd	15. 3	16. F	17. S	18. L	19. I	20. I	21. 91	22. L	23. L	24. ΦΦ	873.42
3rd	25. _____	26. _____	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	_____
4th	35. _____	36. _____	37. _____	38. _____	39. _____	40. _____	41. _____	42. _____	43. _____	44. _____	_____
5th	45. _____	46. _____	47. _____	48. _____	49. _____	50. _____	51. _____	52. _____	53. _____	54. _____	_____
6th	55. _____	56. _____	57. _____	58. _____	59. _____	60. _____	61. _____	62. _____	63. _____	64. _____	_____
7th	65. _____	66. _____	67. _____	68. _____	69. _____	70. _____	71. _____	72. _____	73. _____	74. _____	_____
8th	75. _____	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____	82. _____	83. _____	84. _____	_____
9th	85. _____	86. _____	87. _____	88. _____	89. _____	90. _____	91. _____	92. _____	93. _____	94. _____	_____
10th	95. _____	96. _____	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____	103. _____	104. _____	_____

OCCUPANT INJURY DATA

Source of Injury Data	O.I.C.-A.I.S					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion No.
	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity				
11th	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—

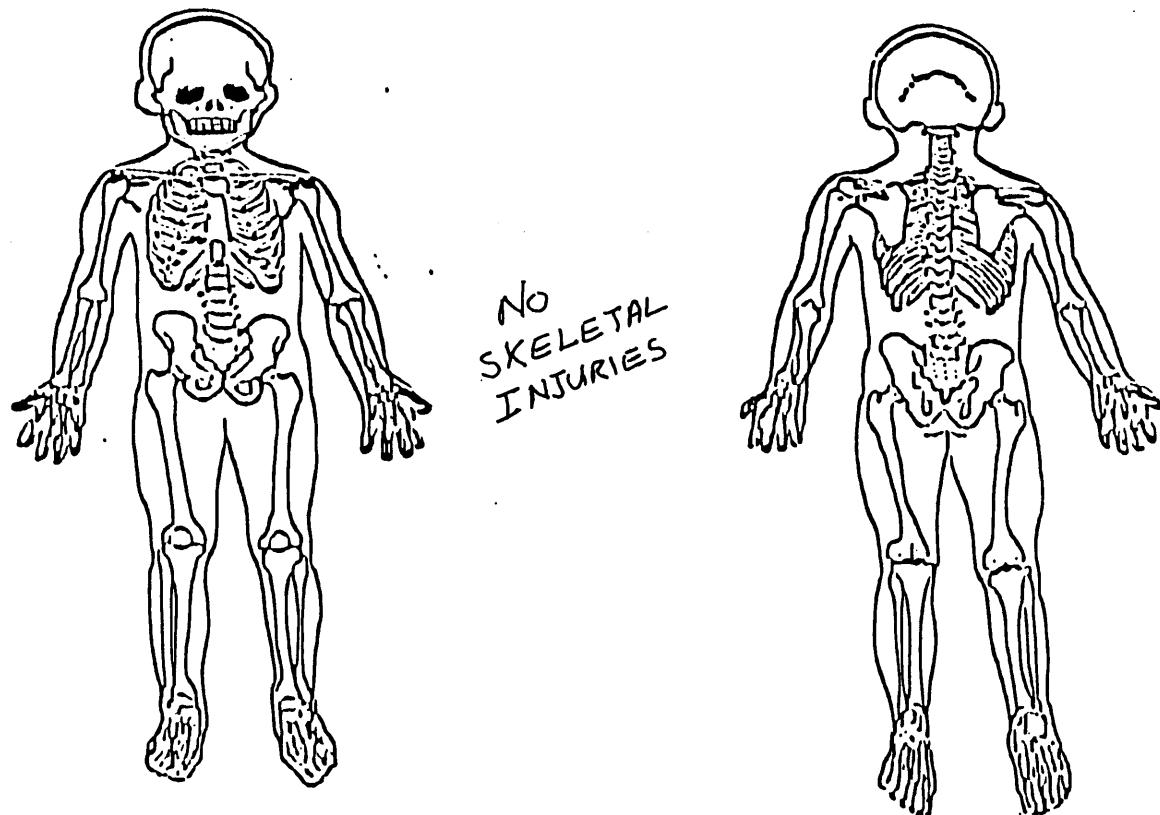
ICD-9

SOFT TISSUE INJURIES

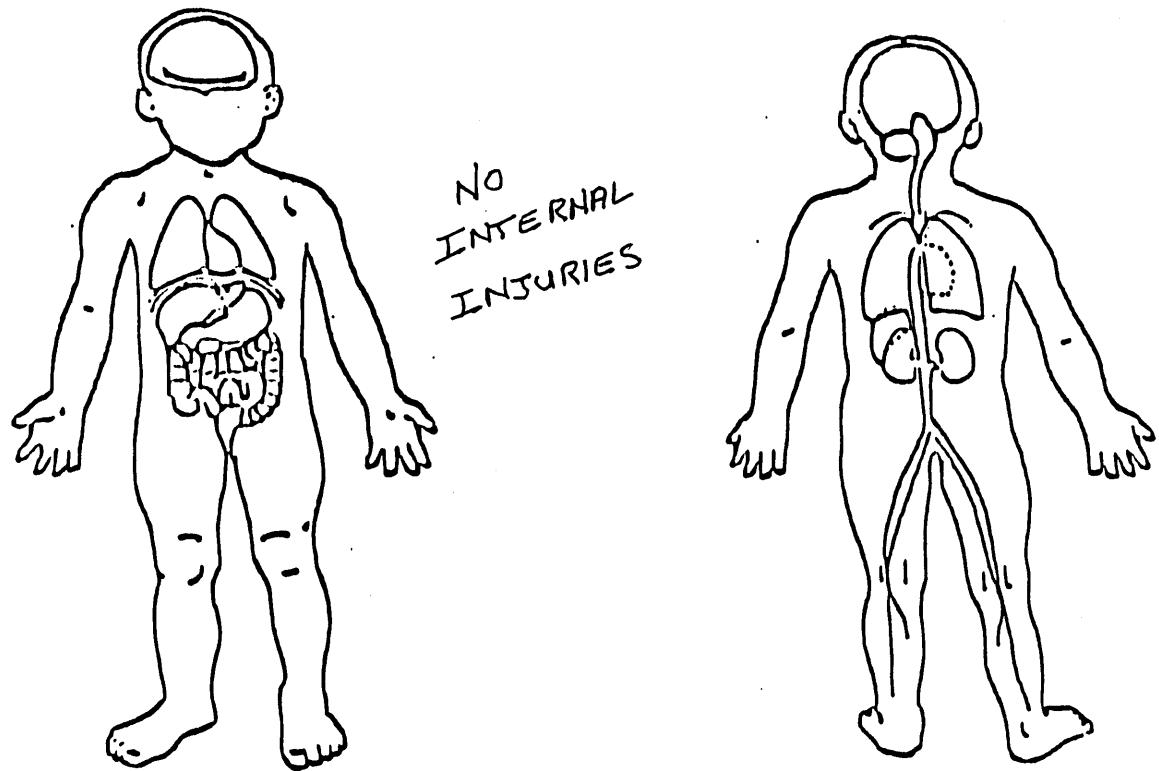


SOURCE OF INJURY DATA OFFICIAL (1) Autopsy records with or without hospital medical records (2) Hospital medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic UNOFFICIAL (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police		(26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (27) Other left side object (specify): (28) Left side window sill RIGHT SIDE (30) Right side interior surface, excluding hardware or armrests (31) Right side hardware or armrest (32) Right A-pillar (33) Right B-pillar (34) Other right pillar (specify): (35) Right side window glass or frame (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail. (37) Other right side object (specify): (38) Right side window sill INTERIOR (40) Seat, back support (41) Belt restraint webbing/buckle (42) Belt restraint B-pillar attachment point (43) Other restraint system component (specify): (44) Head restraint system (45) Air bag (46) Other occupants (specify): (47) interior loose objects (48) Child safety seat (specify): (49) Other interior object (specify): ROOF (50) Front header (51) Rear header (52) Roof left side rail (53) Roof right side rail (54) Roof or convertible top FLOOR (56) Floor (including toe pan) (57) Floor or console mounted transmission lever, including console (58) Parking brake handle (59) Foot controls including parking brake REAR (60) Backlight (rear window)																																																																																																																																																	
		(61) Backlight storage rack, door, etc. (62) Other rear object (specify): EXTERIOR OF OCCUPANT'S VEHICLE (65) Hood (66) Outside hardware (e.g., outside mirror, antenna) (67) Other exterior surface or tires (specify): (68) Unknown exterior objects EXTERIOR OF OTHER MOTOR VEHICLE (70) Front bumper (71) Hood edge (72) Other front of vehicle (specify): (73) Hood (74) Hood ornament (75) Windshield, roof rail, A-pillar (76) Side surface (77) Side mirrors (78) Other side protrusions (specify): (79) Rear surface (80) Undercarriage (81) Tires and wheels (82) Other exterior of other motor vehicle (specify): (83) Unknown exterior of other motor vehicle																																																																																																																																																	
		OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT (84) Ground (85) Other vehicle or object (specify): (86) Unknown vehicle or object																																																																																																																																																	
		NONCONTACT INJURY (90) Fire in vehicle (91) Flying glass (92) Other noncontact injury source (specify): (93) Air bag exhaust gases (97) Injured, unknown source																																																																																																																																																	
INJURY SOURCE CONFIDENCE LEVEL (1) Certain (2) Probable (3) Possible (9) Unknown																																																																																																																																																			
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SKELETAL INJURIES



INTERNAL ORGAN INJURIES





**U.S. Department of Transportation
National Highway Traffic Safety
Administration**

GENERAL VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

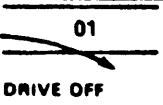
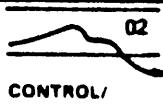
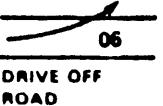
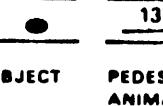
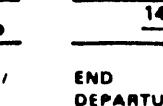
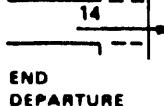
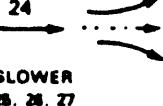
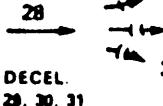
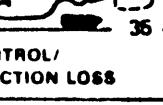
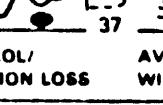
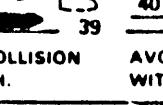
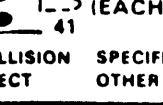
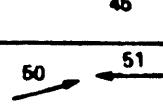
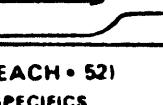
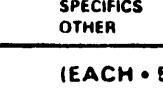
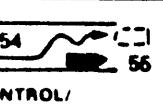
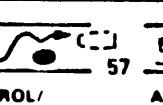
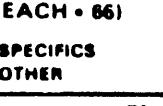
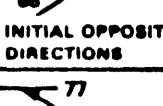
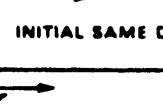
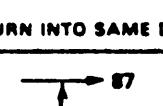
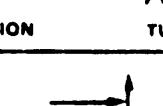
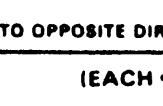
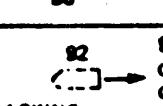
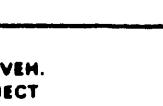
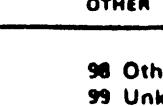
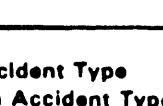
1. Primary Sampling Unit Number	DSJ-93-AB-12	11. Police Reported Alcohol Presence	
2. Case Number - Stratum	DSJ-93-AB-12	(0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown	
3. Vehicle Number	0 3	Note: See variables 37 through 55 (Page 4) for information on Other Drugs	
VEHICLE IDENTIFICATION			
4. Vehicle Model Year	93	12. Alcohol Test Result For Driver	
Code the last two digits of the model year (99) Unknown		Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown	
5. Vehicle Make (specify):	2 0	Source: PAR	
CHEVROLET Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown			
6. Vehicle Model (specify):	4 8 1	ACCIDENT RELATED	
Pickup Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown		13. Speed Limit	55
7. Body Type	3 1	(00) No statutory limit Code posted or statutory speed limit (99) Unknown	
Note: Applicable codes may be found on the back of this page.		14. Attempted Avoidance Maneuver	0 1
8. Vehicle Identification Number	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	(00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify):	
Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's		(99) Unknown	
OFFICIAL RECORDS			
9. Police Reported Vehicle Disposition	0	15. Accident Type	9 8
(0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown		Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify):	
10. Police Reported Travel Speed	1 5	(99) Unknown	
Code to the nearest mph (NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown			

***** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 *****

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES	
Automobiles	
(01) Convertible (excludes sun-roof, t-bar)	
(02) 2-door sedan, hardtop, coupe	
(03) 3-door/2-door hatchback	
(04) 4-door sedan, hardtop	
(05) 5-door/4-door hatchback	
(06) Station wagon (excluding van and truck based)	
(07) Hatchback, number of doors unknown	
(08) Other automobile type (specify):	
(09) Unknown automobile type	
Automobile Derivatives	
(10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)	
(11) Auto based panel (cargo station wagon, auto based ambulance/hearse)	
(12) Large limousine - more than four side doors or stretched chassis	
(13) Three-wheel automobile or automobile derivative	
Utility Vehicles ($\leq 10,000$ lbs GVWR)	
(14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wreangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravado, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)	
(15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fultsize [78 and after], fultsize Blazer, fultsize Jimmy, Landcruiser, Rover, Scout)	
(16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)	
(19) Utility, unknown body type	
Van Based Light Trucks ($\leq 10,000$ lbs GVWR)	
(20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Mitsubishi Minivan, Vanagon/Camper.)	
(21) Large van (B160-B360, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E160-E360, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)	
(22) Step van or walk-in van ($\leq 10,000$ lbs GVWR)	
(23) Van based motorhome ($\leq 10,000$ lbs GVWR)	
(28) Other van type (Hi-Cube Van, Kary) (specify):	
(29) Unknown van type	
Light Conventional Trucks (Pickup style cab, $\leq 10,000$ lbs GVWR)	
(30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)	
(31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W360, F100-F350, C10-C36, K10-K36, R10-R36, V10-V36, Silverado, Sierra, R100-R600.)	
(32) Pickup with slide-in camper	
(33) Convertible pickup	
(38) Unknown pickup style light conventional truck type	
Other Light Trucks ($\leq 10,000$ lbs GVWR)	
(40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)	
(41) Truck based panel	
(42) Light truck based motorhome (chassis mounted)	
(45) Other light conventional truck type	
(48) Unknown light truck type	
(49) Unknown light vehicle type (automobile, utility, van, or light truck)	
OTHER VEHICLES	
Buses (Excludes Van Based)	
(60) School bus (designed to carry students, not cross country or transit)	
(68) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):	
(69) Unknown bus type	
Medium/Heavy Trucks ($> 10,000$ lbs GVWR)	
(60) Step van ($> 10,000$ lbs GVWR)	
(61) Single unit straight truck ($10,000$ lbs \leq GVWR \leq 19,500 lbs)	
(62) Single unit straight truck (19,500 lbs \leq GVWR \leq 26,000 lbs)	
(63) Single unit straight truck ($> 26,000$ lbs GVWR)	
(64) Single unit straight truck, GVWR unknown	
(65) Medium/heavy truck based motorhome	
(67) Truck-tractor with no cargo trailer	
(68) Truck-tractor pulling one trailer	
(69) Truck-tractor pulling two or more trailers	
(70) Truck-tractor (unknown if pulling trailer)	
(78) Unknown medium/heavy truck type	
(79) Unknown truck type (light/medium/heavy)	
Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)	
(80) Motorcycle	
(81) Moped (motorized bicycle)	
(82) Three-wheel motorcycle or moped	
(88) Other motored cycle (minibike, motorscooter) (specify):	
(89) Unknown motored cycle type	
Other Vehicles	
(90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)	
(91) Snowmobile	
(92) Farm equipment other than trucks	
(93) Construction equipment other than trucks	
(97) Other vehicle type	
(99) Unknown body type	

OCCUPANT RELATED	
16. Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	1
17. Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	∅ 1
18. Number of Occupant Forms Submitted	∅ 1
VEHICLE WEIGHT ITEMS	
19. Vehicle Curb Weight 4025 Code weight to nearest 100 pounds. (1025.7kg) 100 pounds. (010) Less than 1050 pounds (135) 13,500 pounds or more (999) Unknown	∅ 4.000 (1814.4kg)
Source: _____	
20. Vehicle Cargo Weight Code weight to nearest 100 pounds. (00) Less than 50 pounds (97) 9,650 pounds or more (99) Unknown	∅ 2.00 (90.7kg)
RECONSTRUCTION DATA	
21. Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	∅
22. Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	1
23. Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify): (9) Unknown	∅
24. Rollover	
(0) No rollover (no overturning) ∅	
<i>Rollover (primarily about the longitudinal axis)</i>	
(1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify): _____	
(5) Rollover-end-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown	
OVERRIDE/UNDERRIDE (THIS VEHICLE)	
25. Front Override/Underride (this Vehicle) ∅	
26. Rear Override/Underride (this Vehicle) ∅	
(0) No override/underride, or not an end-to-end impact	
<i>Override (see specific CDC)</i>	
(1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify): _____	
<i>Underride (see specific CDC)</i>	
(4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify): _____	
(7) Medium/heavy truck or bus override (9) Unknown	
HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	
Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
27. Heading Angle For This Vehicle 2 7 ∅	
28. Heading Angle For Other Vehicle 2 4 5	

Category	Configuration	ACCIDENT TYPES (Includes Intent)						
I Single Driver	A Right Roadside Departure				04	06	SPECIFICS UNKNOWN	
	B Left Roadside Departure				09	10	SPECIFICS UNKNOWN	
	C Forward Impact					15	16	SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End					(EACH • 32)	(EACH • 33)	SPECIFICS UNKNOWN
	E Forward Impact					(EACH • 42)	(EACH • 43)	SPECIFICS UNKNOWN
	F Sideswipe Angle				(EACH • 48)	(EACH • 49)	SPECIFICS UNKNOWN	
III Same Trafficway Opposite Direction	G Head-On			(EACH • 52)	(EACH • 53)	SPECIFICS UNKNOWN		
	H Forward Impact					(EACH • 62)	(EACH • 63)	SPECIFICS UNKNOWN
	I Sideswipe Angle			(EACH • 66)	(EACH • 67)	SPECIFICS UNKNOWN		
IV Change Trafficway Vehicle Turning	J Turn Across Path					(EACH • 74)	(EACH • 75)	SPECIFICS UNKNOWN
	K Turn Into Path					(EACH • 84)	(EACH • 85)	SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths				(EACH • 90)	(EACH • 91)	SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc			98 Other Accident Type 99 Unknown Accident Type 00 No Impact				

<p>29. Basis for Total Delta V (highest) <u>6</u></p> <p><i>Delta V Calculated</i></p> <p>(1) CRASH program—damage only routine (2) CRASH program—damage and trajectory routine (3) Missing vehicle algorithm</p> <p><i>Delta V Not Calculated</i></p> <p>(4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions. (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data. (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.</p>	<p>Secondary Highest</p> <p>32. Lateral Component of Delta V <u>+</u> <u>—</u> <u>9</u> <u>9</u></p> <p>_____ Nearest mph _____</p> <p>(NOTE: <u>00</u> means greater than —0.5 and less than +0.5 mph) (± 97) ± 96.5 mph and above (<u>99</u>) Unknown</p> <p>33. Energy Absorption <u>9</u> <u>9</u> <u>9</u>, <u>9</u> <u>00</u></p> <p>_____ Nearest 100 foot-lbs _____</p> <p>(NOTE: <u>0000</u> means less than 50 foot-lbs) (9997) 999,650 foot-lbs or more (9999) Unknown</p>
<p>COMPUTER GENERATED DELTA V</p> <p>Secondary Highest</p> <p>30. Total Delta V <u>9</u> <u>9</u></p> <p>_____ Nearest mph _____</p> <p>(NOTE: <u>00</u> means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown</p> <p>31. Longitudinal Component of Delta V <u>+</u> <u>—</u> <u>9</u> <u>9</u></p> <p>_____ Nearest mph _____</p> <p>(NOTE: <u>00</u> means greater than —0.5 and less than +0.5 mph) (± 97) ± 96.5 mph and above (<u>99</u>) Unknown</p>	<p>34. Confidence In Reconstruction Program Results (For Highest Delta V) <u>Ø</u></p> <p>(0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable</p> <p>35. Type of Vehicle Inspection <u>Ø</u></p> <p>(0) No inspection (1) Complete inspection (2) Partial inspection (specify): _____</p> <p>36. Is this an AOPS Vehicle? <u>Ø</u></p> <p>(0) No (1) Yes</p>
<p>IS OLDMISS APPLICABLE FOR THIS VEHICLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

<p>37. Police Reported Other Drug Presence <u>Ø</u></p> <p>(0) No other drugs present (1) Yes (other drug present) (7) Not reported (8) No driver present (9) Unknown</p> <p>38. Police Reported Observation/Perception Test Type For Driver <u>Ø</u></p> <p>(0) No observation/perception test given (1) Drug recognition technician (DRT) determination using DEC process (2) Behavioral (3) Other physical observation/perception determination (specify): _____ (4) DEC process available, unknown if determination made (5) DEC process not available, unknown if other observation/perception test given (7) Other observation/perception test (specify): _____ (8) No driver present</p> <p>39. Other Drug Specimen Test Type For Driver <u>Ø</u></p> <p>(0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify): _____ (7) Unspecified specimen test (8) No driver present (9) Unknown if specimen test given</p>	<p>DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER</p> <table border="1"> <thead> <tr> <th>DEC</th> <th>Observation/ Perception Test Results</th> <th>Specimen Results</th> </tr> </thead> <tbody> <tr> <td>Narcotic Drug</td> <td>40. <u>Ø</u></td> <td>41. <u>Ø</u></td> </tr> <tr> <td>Depressant Drug</td> <td>42. <u>Ø</u></td> <td>43. <u>Ø</u></td> </tr> <tr> <td>Stimulant Drug</td> <td>44. <u>Ø</u></td> <td>45. <u>Ø</u></td> </tr> <tr> <td>Hallucinogen Drug</td> <td>46. <u>Ø</u></td> <td>47. <u>Ø</u></td> </tr> <tr> <td>Cannabinoid Drug</td> <td>48. <u>Ø</u></td> <td>49. <u>Ø</u></td> </tr> <tr> <td>Phencyclidine (PCP)</td> <td>50. <u>Ø</u></td> <td>51. <u>Ø</u></td> </tr> <tr> <td>Inhalant Drug</td> <td>52. <u>Ø</u></td> <td>53. <u>Ø</u></td> </tr> <tr> <td>Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)</td> <td>54. <u>Ø</u></td> <td>55. <u>Ø</u></td> </tr> </tbody> </table> <p>Codes For Observation/Perception Test Results</p> <p>(0) No DEC observation/perception test given (1) Passed DEC observation/perception test (2) Failed DEC observation/perception test (3) DEC observation/perception test given—results unknown (8) No driver present (9) Unknown if DEC observation/perception test given</p> <p>Codes for Specimen Test Results</p> <p>(0) No specimen test given (1) Drug not found in specimen (2) Drug found in specimen (7) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given</p>	DEC	Observation/ Perception Test Results	Specimen Results	Narcotic Drug	40. <u>Ø</u>	41. <u>Ø</u>	Depressant Drug	42. <u>Ø</u>	43. <u>Ø</u>	Stimulant Drug	44. <u>Ø</u>	45. <u>Ø</u>	Hallucinogen Drug	46. <u>Ø</u>	47. <u>Ø</u>	Cannabinoid Drug	48. <u>Ø</u>	49. <u>Ø</u>	Phencyclidine (PCP)	50. <u>Ø</u>	51. <u>Ø</u>	Inhalant Drug	52. <u>Ø</u>	53. <u>Ø</u>	Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>Ø</u>	55. <u>Ø</u>
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OTHER DATA

56. Driver's Zip Code

(00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

(0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

(0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Hearse
 (8) Fire truck or car
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

(0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type (specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

(0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

∅ ∅

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

∅

(0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

∅

(0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

∅

(01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover
(01-30) — Vehicle Number

Noncollision

(31) Turn-over — fall-over
(33) Jackknife

Collision With Fixed Object

(41) Tree (\leq 4 inches in diameter)
(42) Tree ($>$ 4 inches in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (\leq 4 inches in diameter)
(51) Pole or post ($>$ 4 inches but \leq 12 inches in diameter)
(52) Pole or post ($>$ 12 inches in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____

(57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

PRECRASH DATA (Continued)

65. Critical Precrash Event

This Vehicle Loss of Control Due To:

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum DSL-92-AB-12
3. Vehicle Number Φ 3
4. Occupant Number Φ 1

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 35
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female
(9) Unknown

7. Occupant's Height 99
Code actual height to the nearest inch.
(99) Unknown

8. Occupant's Weight 999
Code actual weight to the nearest pounds.
(999) Unknown

9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant Posture 9
(0) Normal posture
(1) Abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection Φ
(0) No ejection
(1) Complete ejection
(2) Partial ejection
(3) Ejection, unknown degree
(9) Unknown

13. Ejection Area Φ
(0) No ejection
(1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear
(7) Roof
(8) Other area (e.g., back of pickup, etc.)
(specify):
(9) Unknown

14. Ejection Medium Φ
(0) No ejection
(1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):
(5) Integral structure
(8) Other medium (specify):
(9) Unknown

15. Medium Status (Immediately Prior To Impact) Φ
(0) No ejection
(1) Open
(2) Closed
(3) Integral structure
(9) Unknown

16. Entrapment Φ
(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)
(0) Not entrapped
(1) Entrapped
(9) Unknown

RESTRAINT SYSTEM AND SEAT EVALUATION

17. Manual (Active) Belt System Availability

9

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use

9 9

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts

9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes

During Accident

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function

φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

22. Air Bag System Deployment

φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Did Air Bag System Fail?

φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use

φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position

9

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

<p>26. Seat Type (this Occupant Position) <u>9 9</u></p> <p>(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown</p>	<p>30. Child Safety Seat Orientation <u>Ø Ø</u></p> <p>(00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i> (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i> (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i> (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>
<p>27. Seat Performance (this Occupant Position) <u>9</u></p> <p>(0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown</p>	<p>31. Child Safety Seat Harness Usage <u>Ø Ø</u></p> <p>32. Child Safety Seat Shield Usage <u>Ø Ø</u></p> <p>33. Child Safety Seat Tether Usage <u>Ø Ø</u></p> <p><i>Note: Options below applicable to Variables OA31-OA33.</i></p> <p>(00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i> (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i> (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i> (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
<p>CHILD SAFETY SEAT</p> <p>28. Child Safety Seat Make/Model <u>Ø Ø Ø</u></p> <p>(000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>Ø</u></p> <p>(0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used</p>	

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)**

(0) O - No injury
 (1) C - Possible injury
 (2) B - Nonincapacitating injury
 (3) A - Incapacitating injury
 (4) K - Killed
 (5) U - Injury, severity unknown
 (6) Died prior to accident
 (9) Unknown

35. Treatment - Mortality

(0) No treatment
 (1) Fatal
 (2) Fatal - ruled disease

Nonfatal

(3) Hospitalization
 (4) Transported and released
 (5) Treatment at scene - nontransported
 (6) Treatment later
 (8) Treatment - other (specify):
 (9) _____

36. Type Of Medical Facility (for Initial Treatment)

(0) Not treated at a medical facility
 (1) Trauma center
 (2) Hospital
 (3) Medical clinic
 (4) Physician's office
 (5) Treatment later at medical facility
 (8) Other (specify):
 (9) _____

37. Hospital Stay

(00) Not Hospitalized
 _____ Code the number of days (up through 60) that the occupant stayed in hospital.
 (61) 61 days or more
 (99) Unknown

38. Working Days Lost

Code the number of days (up through 60) that the occupant lost from work due to the accident
 (00) No working days lost
 (61) 61 days or more
 (62) Fatally injured
 (97) Not working prior to accident
 (99) Unknown

9 9**39. Time to Death**

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
 (00) Not fatal
 (96) Fatal - ruled disease
 (99) Unknown

Ø Ø**40. 1st Medically Reported Cause of Death**Ø Ø**41. 2nd Medically Reported Cause of Death**Ø Ø**42. 3rd Medically Reported Cause of Death**Ø Ø

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
 (00) Not fatal or no additional causes
 (97) Other result (specify):
 (99) Unknown

43. Number of Recorded Injuries for This Occupant9 9

Code the actual number of injuries recorded for this occupant.
 (00) No recorded injuries
 (97) Injured, details unknown
 (99) Unknown if injured

99. Case OccupantØ

(0) Not the Case Occupant
 (1) This is the Case Occupant
 (2) This is the Case Occupant in another case.

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/9
 Function
 (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered
 inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 9
 (0) Not equipped/not available/destroyed or
 rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually
 disconnected, motorized track inoperative)
 (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 9
 (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive
 Belt System 9
 (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with
 child safety seat
Automatic Belt Used Improperly
 (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than
 one person
 (6) Lap portion of automatic belt worn
 on abdomen
 (7) Automatic lap and shoulder belt or
 automatic shoulder belt used improperly
 with child safety seat (specify):
 (8) Other improper use of automatic belt system
 (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes
 During Accident
 (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 9
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 9 9
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the
 initial GCS Score recorded at medical
 facility.
 (97) Injured, details unknown
 (99) Unknown if injured

51. Was the Occupant Given Blood? 9
 (1) No - blood not given
 (2) Yes - blood given
 (specify units):
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 9 9
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

UPDATE CANDIDATE? NO YES OCCUPANT INJURY FORM INCLUDED WITH INITIAL SUBMISSION? NO YES

*** STOP HERE ***
 IF THERE ARE NO RECORDED INJURIES
 (I.E., OA43 = 00,97,99)



CRASHPC PROGRAM SUMMARY

Identifying Title

Primary
Sampling Unit

DSI-92-AB-18

Case No.-Stratum

Φ 1
Accident Event
Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1

1992

DODGE

SHADOW ES -2dr

Vehicle 2

1985

MAZDA

GLC DELUXE -4dr

Year

Make

Model

NASS
Veh. No.

GENERAL INFORMATION

VEHICLE 1

Size

Weight 2615 + 200 + Φ = 2 8 1 5
Curb Occupant(s) Cargo

CDC

1 2 F D E W 2

PDOF

Φ 1 Φ

Stiffness

9

VEHICLE 2

Size

Weight 1935 + 426 + Φ = 2 3 6 1
Curb Occupant(s) Cargo

CDC

Φ 9 L Y E W 4

PDOF

2 9 Φ

Stiffness

+

SCENE INFORMATION

Rest and Impact Positions No, Go To Damage Information Yes

VEHICLE 1

Rest Position

X _____ . _____
Y _____ . _____
PSI _____ . _____

Impact Position

X _____ . _____
Y _____ . _____
PSI _____ . _____

Slip Angle

X _____ . _____
Y _____ . _____
PSI _____ . _____

Impact Position

X _____ . _____
Y _____ . _____
PSI _____ . _____

Slip Angle

VEHICLE 2

Rest Position

X _____ . _____
Y _____ . _____
PSI _____ . _____

VEHICLE MOTION

Sustained Contact No Yes

VEHICLE 1

Skidding

No Yes

Skidding Stop Before Rest No Yes

Impact Position

X _____ . _____
Y _____ . _____
PSI _____ . _____

Curved Path

No Yes

Point on Path

X _____ . _____ Y _____ . _____

Rotation Direction None CW CCW

Rotation > 360° No Yes

VEHICLE 2

Skidding

No

Yes

Skidding Stop Before Rest No Yes

Impact Position

X _____ . _____
Y _____ . _____
PSI _____ . _____

Curved Path

No Yes

Point on Path

X _____ . _____ Y _____ . _____

Rotation Direction None CW CCW

Rotation > 360° No Yes

National Accident Sampling System-Crashworthiness Data System: CRASHPC Program Summary

FRICITION INFORMATION

Coefficient of Friction . _____

Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF ____ . ____ RF ____ . ____
LF ____ . ____ RF ____ . ____

Vehicle 2 Rolling Resistance

LF ____ . ____ RF ____ . ____
LF ____ . ____ RF ____ . ____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ RF _____
LF _____ RF _____

Vehicle 2 Steer Angles

LF _____ RF _____
LF _____ RF _____

Terrain Boundary [] No [] Yes

First Point

X _____ . ____ Y _____ . ____

Second Point

X _____ . ____ Y _____ . ____

Secondary Coefficient of Friction . _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length Φ 6 Φ . Φ Φ

Crush Depths
C1 1 1 . Φ Φ
C2 1 Φ . 1 Φ
C3 Φ 7 . 9 Φ
C4 Φ 7 . 6 Φ
C5 Φ 6 . 6 Φ
C6 Φ 5 . Φ Φ

Damage Offset ± Φ Φ Φ . Φ Φ

VEHICLE 2

Damage Length 1 Φ 2 . Φ Φ

Crush Depths
C1 Φ Φ . Φ Φ
C2 1 4 . 1 Φ
C3 2 1 . 3 Φ
C4 1 8 . 5 Φ
C5 Φ 9 . Φ Φ
C6 Φ Φ . Φ Φ

Damage Offset ± Φ 1 4 . 8 Φ

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information
for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

DSI-92-AB-12

SPEED CHANGE (DAMAGE)	VEH #1	TOTAL(MPH)	LONG.(MPH)	LAT.(MPH)	ANG.(DEG)
	VEH #2	18.8	-18.6	-3.3	10.0
		22.5	-7.7	21.1	-70.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 31561.4 FT-LB. VEH#2: 45601.3 FT-LB.

SUMMARY OF DAMAGE DATA
VEHICLE # 1

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----CATEGORY 2	TYPE-----CATEGORY 1
STIFFNESS---CATEGORY 9	STIFFNESS---CATEGORY 1
WEIGHT----- 2815.0 LBS.	WEIGHT----- 2361.0 LBS.
CDC-----12FDEW2	CDC-----09LYEW4
L----- 60.0 IN.	L----- 102.0 IN.
C1----- 11.0 IN.	C1----- .0 IN.
C2----- 10.1 IN.	C2----- 14.1 IN.
C3----- 7.9 IN.	C3----- 21.3 IN.
C4----- 7.6 IN.	C4----- 18.5 IN.
C5----- 6.6 IN.	C5----- 9.0 IN.
C6----- 5.0 IN.	C6----- .0 IN.
D----- .0 IN.	D----- 14.8 IN.
RHO----- 1.00 *	RHO----- 1.00 *
ANG----- 10.0 DEG.	ANG----- -70.0 DEG.
D'----- -3.6 IN.	D'----- 11.9 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 46.3 IN.	A2 = 45.1 IN.
B1 = 50.1 IN.	B2 = 48.1 IN.
TR1 = 54.6 IN.	TR2 = 51.1 IN.
I1 = 21599.2 LB-SEC**2/IN	I2 = 12314.5 LB-SEC**2/IN
M1 = 7.319 LB-SEC**2/IN	M2 = 6.139 LB-SEC**2/IN
XF1 = 83.3 IN.	XF2 = 76.0 IN.
XR1 = -91.6 IN.	XR2 = -83.8 IN.
YS1 = 33.6 IN.	YS2 = 30.4 IN.

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

DSI-92-AB-12

SPEED CHANGE (DAMAGE)		TOTAL(KPH)	LONG.(KPH)	LAT.(KPH)	ANG.(DEG)
	VEH #1	30.3	-29.9	-5.3	10.0
	VEH #2	36.2	-12.4	34.0	-70.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 42797.3 JOULES VEH#2: 61835.4 JOULES

SUMMARY OF DAMAGE DATA
VEHICLE # 1

TYPE-----	CATEGORY 2
STIFFNESS---	CATEGORY 9
WEIGHT-----	1276.9 KGS
CDC-----	12FDEW2
L-----	152.4 CM.
C1-----	27.9 CM.
C2-----	25.7 CM.
C3-----	20.1 CM.
C4-----	19.3 CM.
C5-----	16.8 CM.
C6-----	12.7 CM.
D-----	.0 CM.
RHO-----	1.00 *
ANG-----	10.0 DEG.
D'-----	-9.0 CM.

(* INDICATES DEFAULT VALUE)
VEHICLE # 2

TYPE-----	CATEGORY 1
STIFFNESS---	CATEGORY 1
WEIGHT-----	1070.9 KGS
CDC-----	09LYEW4
L-----	259.1 CM.
C1-----	.0 CM.
C2-----	35.8 CM.
C3-----	54.1 CM.
C4-----	47.0 CM.
C5-----	22.9 CM.
C6-----	.0 CM.
D-----	37.6 CM.
RHO-----	1.00 *
ANG-----	-70.0 DEG.
D'-----	30.1 CM.

DIMENSIONS AND INERTIAL PROPERTIES

A1 = 117.6 CM.	A2 = 114.6 CM.
B1 = 127.3 CM.	B2 = 122.2 CM.
TR1 = 138.7 CM.	TR2 = 129.8 CM.
I1 = 244026.4 NEWT-SEC**2-CM	I2 = 139128.5 NEWT-SEC**2-CM
M1 = 12.818 NEWT-SEC**2/CM	M2 = 10.750 NEWT-SEC**2/CM
XF1 = 211.6 CM.	XF2 = 193.0 CM.
XR1 = -232.7 CM.	XR2 = -212.9 CM.
YS1 = 85.3 CM.	YS2 = 77.2 CM.

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY1. Accident Date: **WINTER / WEEKDAY**

2. Police Investigated

1

- (1) Yes
- (2) No
- (3) Unknown

Agency:

City:

County:

3. General Locality

2

- (1) Freeway, Limited Access
- (2) Urban (City)
- (3) Urban-Rural (mixed)
- (4) Rural, Fields

4. Configuration (First Harm)

4

- (0) Struck Object or Ped
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe-Same Direction
- (6) Sideswipe-Opposite Dir.
- (7) Noncollision
- (8) Nonimpact Deployment
- (9) Unknown

5. Fire Involved

0

- (0) None
- (1) Airbag Vehicle
- (2) Other Vehicle
- (3) Both Vehicles
- (9) Unknown

6. Vehicles Involved

3

7. Persons Involved

7

8. Injured Persons

7

9. Maximum AIS in Accident

3**AIRBAG VEHICLE INSPECTION**10. Date Vehicle Inspected: **1/92**

11. Reason Vehicle Not Inspected

1

- (0) Not Required
- (1) Inspection Completed
- (2) Cannot be Located
- (3) Repaired or Destroyed
- (5) Refusal or Impounded
- (7) Other:

12. Impact Data Obtained

4

- (0) No Data Obtained
- (1) CDC Only
- (2) Crush Profile Only
- (3) Trajectory Data Only
- (4) CDC and Crush Profile
- (5) CDC and Trajectory
- (6) Crush and Trajectory
- (7) CDC, Crush, and Trajectory

13. Basis of Delta-V

1

- (0) Not Computed (Unknown why)
- (1) CRASH - Damage Only
- (2) CRASH - Damage + Traj
- (3) OLDMISS
- (4) POLES
- (5) Unknown Basis
- (6) One Vehicle Beyond Scope
- (7) Collision Beyond Scope
- (8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle?

2

- (1) Yes
- (2) No
- (9) Unknown

15. Prior AB Maintenance or Service

2

- (1) Yes, (2) No, (9) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLEFleet: **NONE**VIN: **1B3KPG4KNNXXXXX**Mileage: **8,156.8 miles (13124.3 km)****SYSTEM READINESS LAMP**

16. Pre-Impact Lamp Condition 9
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

17. Driver's Report of Pre-Impact Flashing 9
(00) No Flashing Reported
(01) Continuous Flashing
(02)

Number of Flashes:

(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

18. Period of Pre-Impact Flashing 9
(0) No Flashing
(1) Same Day as Impact
(2) Prior Day
(3) Prior Two Days
(4) Prior Week
(5) Prior Month
(6) Over One Month
(9) Unknown

19. Post-Impact Lamp Condition 9
(1) Functioning/Proved Out
(2) Inoperative
(9) Unknown

20. Post-Impact Flashing 9
(00) No Flashing Reported
(01) Continuous Flashing
(02)

Number of Flashes:

(11)
(12) Constant Light
(19) Flashing, Unknown Number
(88) Not Applicable, System Removed
(99) Unknown

Airbag Vehicle First Harmful Event**13**

(01) Fire or explosion
(02) Immersion
(03) Gas Inhalation
(04) Fell from vehicle
(05) Injured in vehicle
(06) Other noncollision (specify):
(07) Overturn
(08) Jackknife
COLLISION WITH:
(09) Pedestrian
(10) Pedalcyclist
(11) Railway train
(12) Animal
(13) Motor vehicle in transport
(same roadway)
(14) Motor vehicle in transport
(other roadway)
(15) Parked motor vehicle
(16) Other type nonmotorist (specify):
(17) Thrown or falling object
(18) Boulder
COLLISION WITH FIXED OBJECT
(20) Building
(21) Impact attenuator/crash cushion
(22) Bridge pier or abutment
(23) Bridge parapet end
(24) Bridge rail
(25) Guardrail
(26) Concrete traffic barrier
(27) Median barrier
(28) Other longitudinal barrier (specify):
(29) Highway/traffic sign post
(30) Overhead sign support
(31) Luminaire/light support
(32) Utility pole
(33) Other post, pole, or support
(34) Culvert
(35) Curb
(36) Ditch
(37) Embankment-earth
(38) Embankment-rock, stone, or concrete
(39) Fence
(40) Wall
(41) Fire hydrant
(42) Shrubbery
(43) Tree
(44) Other fixed object (specify):
(45) Pavement surface irregularity
(99) Unknown

AIRBAG SUPPLEMENT

3

AIRBAG VEHICLE IMPACT SUMMARY

22. Vehicle Role 1
(0) Noncollision
(1) Striking unit
(2) Struck unit
(3) Both striking and struck
(9) Unknown

23. Manner of Leaving Scene 2
(1) Driven
(2) Towed-due to damage
(3) Towed-not for damage
(4) Towed-details unknown
(5) Abandoned
(9) Unknown

24. Number of Impact Events 1
(8) 8 or more
(9) Unknown

25. Rollover φ
(0) No rollover
(1) First event
(2) Subsequent event
(3) Yes, Unknown event
(9) Unknown

26. Override/Underride φ
(0) No override/underride
(1) Override - 1st CDC
(2) Override - Other CDC
(3) Underride - 1st CDC
(4) Underride - Other CDC
(9) Unknown

AIRBAG VEHICLE DAMAGE
CODES: (1) Yes, (2) No, (9) Unknown

27. Left Front Fender Damage 1

28. Right Front Fender Damage 1

29. Center Top of Grille Damage 1

FRONT BUMPER E.A. STATUS

30. Left 5
31. Right 5
(1) Normal
(2) Extended
(3) Partial Compression
(4) Complete Compression
(5) Not Applicable
(9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 4
(0) Struck Object or Ped
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Dir.
(7) Noncollision
(8) Nonimpact Deployment
(9) Unknown

33. CDC: 12 FDEW2
34. Object Contacted: 1985 MAZDA GLC

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1
36. Total Delta-V 19
37. Longitudinal Delta-V 19
38. Configuration 4
See 32 above for codes
39. CDC: 12 FDEW2
40. Object Contacted: 1985 MAZDA GLC

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

41. Airbag Module

42. Left Front Sensor

43. Center Front Sensor

44. Right Front Sensor

45. Rear Cowl Sensor

46. Diagnostic Module

47. Wiring

48. Knee Diverter

49. Indication of disconnected
or loose electrical
connectors

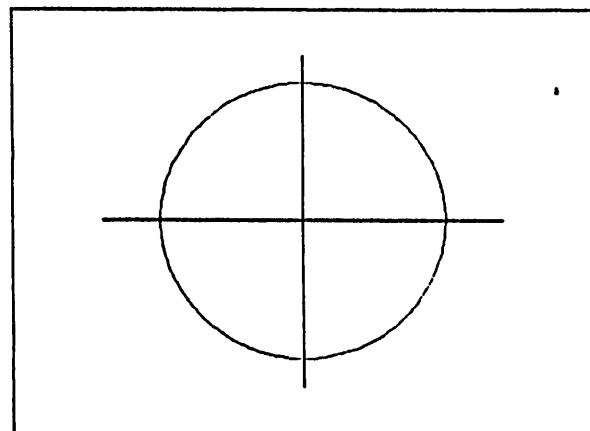
50. Condition of Deployed Bag

- (1) Bag intact
- (2) Split or torn
- (3) Cut by object in impact
- (4) Cut after accident
- (5) Other
- (8) NA (not deployed)
- (9) Unknown

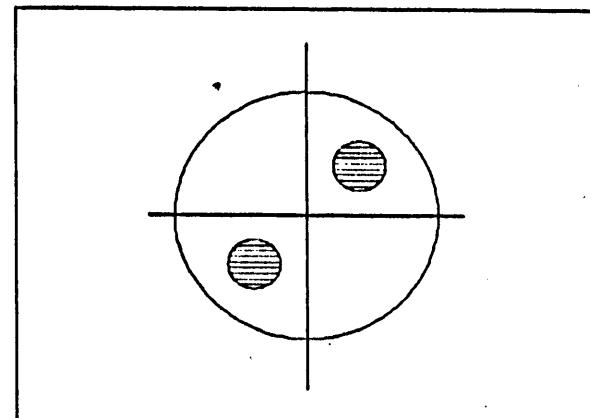
DESCRIBE SYSTEM AND BAG DAMAGE: *None*

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS
BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle

 1

52. Number of Injured Persons

 1

53. Maximum AIS in Airbag Vehicle

- (0) No Injury
- (1-6) AIS Severity
- (7) Injured, unknown severity
- (9) Unknown

 2**DRIVER**

Age: 26

Sex: MALE

54. Number of Driver Injuries

 5

55. Source of Best Injury Data

- (0) Not injured
- (1) Autopsy
- (2) Hospital Medical Records
- (3) Emergency Room only
- (4) Private physician, clinic
- (5) Lay Coroner Report
- (6) EMS Personnel
- (7) Interviewee
- (8) Police
- (9) Unknown

 3**MAXIMUM AIS BY BODY REGION**

REGION	MAX AIS	CONTACT
Head/Neck/Face	2	14
Chest	—	—
Abdomen	—	—
Legs/Hips	1	09
Other (Arms)	1	41
Driver Maximum	2	14

EJECTIONExtent: NONE

Portal:

OTHER VEHICLE:Maximum AIS 3Prime/Deploy Impact w AB Vehicle
Event Number 1CDC: 09LYEW4Total Delta V 23Make: MARAZAModel Year: 1985Model: GLCBody Type: 4-DOOR**NOTES:**

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

1

Evidence:

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelery play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

POLICE ACCIDENT REPORT

2 AGENCY COPY FR 300P (REV. 1/90)

ACCIDENT DATE Month Day Year	DAY OF WEEK	TIME AM PM	COUNTY OF ACCIDENT			MOLE POST NUMBER	RAILROAD CROSSING ID. NO. IF WITHIN 150 FEET	
3 CITY OR TOWN ROUTE NO. OR STREET NAME AT SCENE			LANDMARKS AT SCENE			NUMBER OF VEHICLES 3	OFFICIAL USE ONLY	
AT INTERSECTION WITH OR			MILES	FEET	N S E W	ROUTE NUMBER OR STREET NAME OF		
1 VEHICLE NO. 1 DRIVER'S NAME (LAST, FIRST, MIDDLE)			2 VEHICLE NO. 2 (OR PEDESTRIAN) DRIVER'S NAME (LAST, FIRST, MIDDLE)			OCCUPATION MACHINIST		
3 ADDRESS (STREET & NO.) / CITY			4 ADDRESS (STREET & NO.)			5 YEARS OF DRIVING EXPERIENCE 15		
6 CITY STATE ZIP CODE			7 CITY STATE ZIP CODE			8 YEARS OF DRIVING EXPERIENCE 15		
9 DATE OF BIRTH 1966 M			10 DATE OF BIRTH 1961 F			11 DRIVERS LICENSE NUMBER CDL CDSL STATE		
12 VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)			13 VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)			14 ADDRESS (STREET & NO.)		
15 CITY STATE ZIP CODE			16 CITY STATE ZIP CODE			17 ADDRESS (STREET & NO.)		
18 MAKE & TYPE OF VEHICLE (SHOW MOVED, MOTORCYCLE, AMBULANCE, ETC.) DODGE 2D CMV HAZMAT			19 MAKE & TYPE OF VEHICLE (SHOW MOVED, MOTORCYCLE, AMBULANCE, ETC.) MAZDA 4D CMV HAZMAT			20 REPAIR COST 9000.00 85 9000.00		
21 LICENSE PLATE NUMBER STATE 51A			22 LICENSE PLATE NUMBER STATE 51A			23 NAME OF INSURANCE CO. (NOT AGENT) Unknown		
24 DAMAGE TO PROPERTY OTHER THAN VEHICLES OBJECT STRUCK (TREE, FENCE, ETC.)			25 OWNER'S NAME (LAST, FIRST, MIDDLE)			26 ADDRESS		
27 VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT FRONT			28 ACCIDENT DIAGRAM MEDIAN			29 VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT FRONT		
30 SPEED BEFORE ACCIDENT 45 LIMIT 55 MAXIMUM SAFE 0			31			32		
33 VEHICLE NO. 1 DAMAGES: 1 UNKNOWN 2 NO DAMAGE			34 VEHICLE NO. 2 DAMAGES: 1 UNKNOWN 2 NO DAMAGE			35		
36 ACCIDENT DESCRIPTION VEHICLE 2 + 3 WERE ATTEMPTING TO TRAVEL SOUTH ONTO FROM THE VEHICLE 1 FAILED TO MAINTAIN FULL TIME ATTENTION WHILE TRAVELING NORTH ON RED LIGHT AND STRUCK VEHICLE 2. VEHICLE 2 THEN STRUCK VEHICLE 3.			37					
OFFENSES CHARGED DRIVER								
9 10 11 12 13 14 15 16 NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH								
A 1 1 6 1 166 M 4 X			B 2 1 1 1 61 F 2 X			C 2 3 4 1 69 F 2 X		
D 2 4 1 1 184 M 2 X			E 2 5 1 1 182 M 2 X					
TROOPER/OFFICER'S NAME			BADGE/CODE NUMBER			DEPARTMENT NAME AND CODE NUMBER		
						REVIEWING OFFICER		
						DATE REPORT FILED		

ACCIDENT DATE	DAY OF WEEK	TIME	ALL DAY	COUNTY OF ACCIDENT	MILE POST NUMBER	RAILROAD CROSSING ID. NO. IF WITHIN 150 FEET
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CITY OR TOWN			LANDMARKS AT SCENE		NUMBER OF VEHICLES	OFFICIAL USE ONLY
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ROUTE NO. OR STREET NAME AT SCENE					
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AT INTERSECTION WITH		OR	MILES	FEET	N S E W	ROUTE NUMBER OR STREET NAME
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VEHICLE NO. 1				VEHICLE NO. 2 (OR PEDESTRIAN)		
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DRIVER'S NAME (LAST, FIRST, MIDDLE)			OCCUPATION	DRIVER'S NAME (LAST, FIRST, MIDDLE)			OCCUPATION
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ADDRESS (STREET & NO.)			YEARS OF DRIVING EXPERIENCE	ADDRESS (STREET & NO.)			YEARS OF DRIVING EXPERIENCE
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CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
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DATE OF BIRTH	SEX	DRIVER'S LICENSE NUMBER	<input type="checkbox"/> CDL	<input type="checkbox"/> CDL	STATE	DATE OF BIRTH	SEX	DRIVER'S LICENSE NUMBER	<input type="checkbox"/> CDL	<input type="checkbox"/> CDL	STATE
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VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)						VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)					
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ADDRESS (STREET & NO.)						ADDRESS (STREET & NO.)					
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CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
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MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)			YEAR	REPAIR COST	MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)			YEAR	REPAIR COST
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LIC. PLATE NUMBER		STATE	NAME OF INSURANCE CO. (NOT AGENT)			LIC. PLATE NUMBER		STATE	NAME OF INSURANCE CO. (NOT AGENT)		
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DAMAGE TO PROPERTY OTHER THAN VEHICLES		OBJECT STRUCK (TREE, FENCE, ETC.)		OWNER'S NAME (LAST, FIRST, MIDDLE)		ADDRESS		REPAIR COST
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VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT		ACCIDENT DIAGRAM								VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT	
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SEE P. 1									
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FRONT										FRONT	
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SPEED										SPEED	
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BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE									BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE
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15	55	15									15	55	15
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VEHICLE NO. 1 DAMAGES:			OVERTURNED	3	UNDERCARRIAGE	5	BY FIRE	7	VEHICLE NO. 2 DAMAGES:	OVERTURNED	3	UNDERCARRIAGE	5	BY FIRE	7
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UNKNOWN	NO DAMAGE	MOTOR	4	TOTALED	8	OTHER	8	UNKNOWN	NO DAMAGE	MOTOR	4	TOTALED	8	OTHER	8
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ACCIDENT DESCRIPTION															
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OFFENSES CHARGED DRIVER								SEE P. 1							
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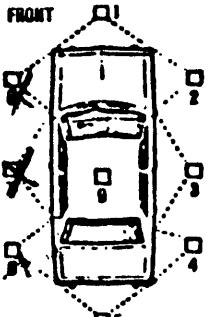
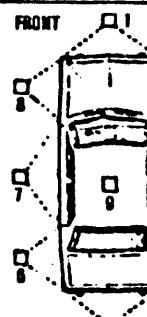
NAME OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH							
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TROOPER/OFFICER'S NAME				BADGE/CODE NUMBER		DEPARTMENT NAME AND CODE NUMBER		REVIEWING OFFICER		DATE REPORT FILED	
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COMMONWEALTH OF VIRGINIA - DEPARTMENT OF MOTOR VEHICLES
POLICE ACCIDENT REPORT

2 AGENCY COPY FR 300P (REV. 1/90)

ACCIDENT DATE MONTH DAY YEAR	DAY OF WEEK	TIME AM PM	COUNTY OF ACCIDENT [REDACTED]	MILE POST NUMBER [REDACTED]	RAILROAD CROSSING ID. NO. IF WITHIN 150 FEET [REDACTED]
3 CITY OR TOWN [REDACTED] OF ROUTE NO. OR STREET NAME AT SCENE ROUTE [REDACTED] (RD)			LANDMARKS AT SCENE [REDACTED]	NUMBER OF VEHICLES 3	OFFICIAL USE ONLY [REDACTED]
4 AT INTERSECTION WITH OR			MILES FEET [REDACTED]	N S E W [REDACTED]	ROUTE NUMBER OR STREET NAME OF ROUTE [REDACTED]
5 VEHICLE NO. 1 DRIVER'S NAME (LAST, FIRST, MIDDLE) [REDACTED]			OCCUPATION MACHINIST	VEHICLE NO. 2 (OR PEDESTRIAN) DRIVER'S NAME (LAST, FIRST, MIDDLE) [REDACTED]	
6 ADDRESS (STREET & NO.) [REDACTED]			YEARS OF DRIVING EXPERIENCE [REDACTED] 5 yrs	ADDRESS (STREET & NO.) [REDACTED]	
7 CITY [REDACTED]			STATE VA ZIP CODE [REDACTED]	CITY [REDACTED]	
8 DATE OF BIRTH Month Day Year [REDACTED] M			STATE VA	DATE OF BIRTH Month Day Year [REDACTED] F	DRIVER'S LICENSE NUMBER [REDACTED]
9 VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE) [REDACTED]			YEAR [REDACTED]	REPAIR COST [REDACTED]	STATE MD ZIP CODE [REDACTED]
10 ADDRESS (STREET & NO.) [REDACTED]			11 VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE) [REDACTED]		
12 CITY [REDACTED]			STATE MD ZIP CODE [REDACTED]	CITY [REDACTED]	
13 MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.) DODGE 3D DCMV HAZMAT			YEAR 93	REPAIR COST 3000.00	14 MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.) Mazda 4D CMV HAZMAT
15 LICENSE PLATE NUMBER VA			STATE MD	16 NAME OF INSURANCE CO. (NOT AGENT) INS.	
17 DAMAGE TO PROPERTY OTHER THAN VEHICLES [REDACTED]			18 OBJECT STRUCK (TREE, FENCE, ETC.) [REDACTED]		
19 OWNER'S NAME (LAST, FIRST, MIDDLE) [REDACTED]			20 ADDRESS [REDACTED]		
21 VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT FRONT [REDACTED]			22 ACCIDENT DIAGRAM [REDACTED]		
23 VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT FRONT [REDACTED]			24 REPAIR COST [REDACTED]		
25 SPEED BEFORE ACCIDENT LIMIT MAXIMUM SAFE 45 55 0			26 SPEED BEFORE ACCIDENT LIMIT MAXIMUM SAFE 15 55 15		
27 VEHICLE NO. 1 DAMAGES: UNKNOWN NO DAMAGE			OVERTURNED 3 MOTOR 1	UNDERCARRIAGE 6 TOTALED 6	BY FIRE 7 OTHER 8
28 VEHICLE NO. 2 DAMAGES: UNKNOWN NO DAMAGE			OVERTURNED 3 MOTOR 4	UNDERCARRIAGE 6 TOTALED 6	BY FIRE 7 OTHER 8
29 ACCIDENT DESCRIPTION VEHICLE 5 2 + 3 WERE ATTEMPTING TO TRAVEL SOUTH ONTO RD [REDACTED]			30 FROM THE RD [REDACTED] OFF RAMP. VEHICLE 1 FAILED TO MAINTAIN FULL TIME		
31 ATTENTION, WHILE TRAVELING NORTH ON RD [REDACTED] AND PASSED THE WORKING			32 RD LIGHT AND STRUCK VEHICLE 2. VEHICLE 2 THEN STRUCK		
33 VEHICLE 3.			34		
35 OFFENSES CHARGED DRIVER			36 DRIVING RISKLESS DRIVING (GEN) 46.2 852		
37 ALL INJURIES [REDACTED]			38 NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH [REDACTED]		
39 TROOPER/OFFICER [REDACTED]			40 BADGE NUMBER [REDACTED]		
41 DEPARTMENT NAME AND CODE NUMBER [REDACTED]			42 REVIEWING OFFICER [REDACTED]		
43 DATE REPORT FILED [REDACTED]			44		

ACCIDENT DATE MONTH	DAY OF WEEK	TIME AM/PM	COUNTY OF ACCIDENT	MILE POST NUMBER	RAILROAD CROSSING ID. NO. IF WITHIN 150 FEET														
1 3	TUES	10:15 AM																	
CITY OR TOWN OF			LANDMARKS AT SCENE	NUMBER OF VEHICLES	OFFICIAL USE ONLY														
ROUTE NO. OR STREET NAME AT SCENE RT			ROUTE NUMBER OR STREET NAME RT (OFF cam P)																
AT INTERSECTION WITH OR <input type="checkbox"/> MILES <input type="checkbox"/> FEET N S E W			ROUTE NUMBER OR STREET NAME																
2 1	VEHICLE NO. 1 DRIVER'S NAME (LAST, FIRST, MIDDLE)			VEHICLE NO. 2 (OR PEDESTRIAN) DRIVER'S NAME (LAST, FIRST, MIDDLE)															
3 7	ADDRESS (STREET & NO.) 301			YEARS OF DRIVING EXPERIENCE 18 yrs	ADDRESS (STREET & NO.)														
4 2	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE													
5 1	DATE OF BIRTH Month Day Year	SEX	DRIVER'S LICENSE NUMBER CDL	STATE VA	DATE OF BIRTH Month Day Year	SEX	DRIVER'S LICENSE NUMBER CDL	STATE											
VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE) S/A				VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)															
ADDRESS (STREET & NO.)				ADDRESS (STREET & NO.)															
CITY				STATE	ZIP CODE	CITY	STATE	ZIP CODE											
MAKE & TYPE OF VEHICLE (SHOW MOVED, MOTORCYCLE, AMBULANCE, ETC.) CHEV PV DCMV HAZMAT				YEAR 83	REPAIR COST 900.00	MAKE & TYPE OF VEHICLE (SHOW MOVED, MOTORCYCLE, AMBULANCE, ETC.) DCMV HAZMAT													
6 1	LICENSE PLATE NUMBER	STATE VA	NAME OF INSURANCE CO. (NOT AGENT)		LICENSE PLATE NUMBER	STATE	NAME OF INSURANCE CO. (NOT AGENT)												
DAMAGE TO PROPERTY OTHER THAN VEHICLES		<input checked="" type="checkbox"/> OBJECT STRUCK (TREE, FENCE, ETC.)	OWNER'S NAME (LAST, FIRST, MIDDLE)		ADDRESS			REPAIR COST											
7 3	VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT		ACCIDENT DIAGRAM SEE P. 1					VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT											
 SPEED <table border="1"> <tr> <td>BEFORE ACCIDENT</td> <td>LIMIT</td> <td>MAXIMUM SAFE</td> </tr> <tr> <td>15</td> <td>55</td> <td>15</td> </tr> </table>		BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE	15	55	15						 SPEED <table border="1"> <tr> <td>BEFORE ACCIDENT</td> <td>LIMIT</td> <td>MAXIMUM SAFE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE			
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE																	
15	55	15																	
BEFORE ACCIDENT	LIMIT	MAXIMUM SAFE																	
VEHICLE NO. 1 DAMAGES: 1 UNKNOWN 2 NO DAMAGE			OVERTURNED 3 MOTOR 4	UNDERCARRIAGE 5 TOTALED 6	BY FIRE 7 OTHER 8	VEHICLE NO. 2 DAMAGES: 1 UNKNOWN 2 NO DAMAGE		OVERTURNED 3 MOTOR 4	UNDERCARRIAGE 5 TOTALED 6	BY FIRE 7 OTHER 8									
ACCIDENT DESCRIPTION																			
OFFENSES CHARGED DRIVER SEE P. 1																			
NAMES OF INJURED... IF DECEASED, INCLUDE DATE OF DEATH																			
ALL INJURED		9	10	11	12	13	14	15	16										
A		26	6	5	1	1	M	2	X										
B		3	1	1	1		M	4	X										
C																			
D																			
E																			
TROOPER/OFFICER'S NAME				BADGE/CODE NUMBER		DEPARTMENT NAME AND CODE NUMBER				REVIEWING OFFICER	DATE REPORT FILED								

Overlay

IF A QUESTION DOES NOT APPLY, ENTER AN "X". IF AN ANSWER IS UNKNOWN, ENTER A "W". "OTHER" - EXPLAIN IN ACCIDENT DESCRIPTION.

FR 300P 1/78

TRAFFIC CONTROL		DRIVER'S ACTION		DOM.	
1 NO TRAFFIC CONTROL 2 OFFICER OR WATCHMAN 3 TRAFFIC SIGNAL 4 STOP SIGN 5 SLOW OR WARNING SIGN 6 TRAFFIC LANES MARKED 7 NO PASSING LINES 8 YIELD SIGN 9 ONE WAY ROAD OR STREET 10 RAILROAD CROSSING WITH MARKINGS AND SIGNS 11 RAILROAD CROSSING WITH SIGNALS 12 RAILROAD CROSSING WITH GATE AND SIGNALS 13 OTHER		1. NONE 2. EXCEEDED SPEED LIMIT 3. EXCEEDED SAFE SPEED BUT NOT SPEED LIMIT 4. OVERTAKING ON HILL 5. OVERTAKING ON CURVE 6. OVERTAKING AT INTERSECTION 7. IMPROPER PASSING SCHOOL BUS 8. CUTTING IN 9. OTHER IMPROPER PASSING 10. WRONG SIDE OF ROAD, NOT OVERTAKING 11. DID NOT HAVE RIGHT OF WAY 12. FOLLOWING TOO CLOSE 13. FAIL TO SIGNAL OR IMPROPER SIGNAL 14. IMPROPER TURN, WIDE RIGHT TURN 15. IMPROPER TURN, CUT CORNER ON LEFT TURN 16. IMPROPER TURN FROM WRONG LANE 17. OTHER IMPROPER TURNING 18. IMPROPER BACKING 19. IMPROPER START FROM PARKED POSITION		20. DISREGARDED OFFICER OR WATCHMAN 21. DISREGARDED STOP, GO LIGHT 22. DISREGARDED STOP OR YIELD SIGN 23. DRIVER INATTENTION 24. FAIL TO STOP AT THROUGH HIGHWAY, NO SIGN 25. GIVE THROUGH SAFETY ZONE 26. NL. TO SET OUT FLARES OR FLAGS 27. NL. TO DIM HEADLIGHTS 28. DRIVING WITHOUT LIGHTS 29. IMPROPER PARKING LOCATION 30. AVOIDING PEDESTRIAN 31. AVOIDING OTHER VEHICLE 32. AVOIDING ANIMAL 33. CROWDED OFF ROADWAY 34. HIT AND RUN 35. CAR HAN AWAY, NO DRIVER 36. BLINDED BY LIGHTS 37. OTHER VIOLATIONS	
WAS TRAFFIC CONTROL DEVICE WORKING BEFORE ACCIDENT?				38	
1 YES 2 NO					
ALIGNMENT		VEHICLE MANEUVER		VEHICLE NO 1 19	
1 STRAIGHT - LEVEL 2 CURVE - LEVEL 3 GRADE STRAIGHT 4 GRADE CURVE 5 HILLCREST - STRAIGHT		6 HILLCREST - CURVE 7 DIP - STRAIGHT 8 DIP - CURVE 9 OTHER		1 GOING STRAIGHT AHEAD 2 MAKING RIGHT TURN 3 MAKING LEFT TURN 4 MAKING U TURN 5 SLOWING OR STOPPING	
		6 STARTING IN TRAFFIC LANE 7 STARTING FROM PARKED POSITION 8 STOPPED IN TRAFFIC LANE 9 HAN OFF ROAD, RIGHT 10 HAN OFF ROAD, LEFT		11 PARKED 12 BACKING 13 PASSING 14 CHANGING LANES 15 OTHER	
WEATHER		TYPE OF COLLISION		VEHICLE NO 2 20	
1 CLEAR 2 CLOUDY 3 FOG 4 MIST 5 RAINING		6 SNOWING 7 FLEETING 8 SMOKE, DUST 9 OTHER		1 REAR END 2 ANGLE 3 HEAD ON 4 SIDESWIPE, SAME DIRECTION 5 SIDESWIPE, OPPOSITE DIRECTION 6 FIXED OBJECT IN ROAD 7 THAN 8 NON COLLISION	
				9 FIXED OBJECT OFF ROAD 10 DEER 11 OTHER ANIMAL 12 PEDESTRIAN 13 BICYCLIST 14 MOTORCYCLIST 15 BACKED INTO 16 OTHER	
SURFACE CONDITION		COLLISION WITH FIXED OBJECT		VEHICLE NO 3 21	
1 DRY 2 WET 3 SNOWY 4 ICY		5 MUDDY 6 OILY 7 OTHER		1 BANK OR LEDGE 2 TILES 3 UTILITY POLE 4 FENCE OR FENCE POST 5 GUARD RAIL OR POST	
		6 PARKED VEH - F 7 BRIDGE UNDER ASS CULVERT ETC 8 SIGN, TRAFFIC, ETC 9 IMPACT CUSHIONING DEVICE 10 OTHER		17 VEHICLE NO 4 22	
ROADWAY DEFECTS		DRIVER VISION OBSCURED		VEHICLE NO 5 23	
1 NO DEFECTS 2 HOLES, RUTS, BUMPS 3 SOFT OR LOW SHOULDER 4 UNDER REPAIR 5 LOOSE MATERIAL		6 RESTRICTED WIDTH 7 SLICK PAVEMENT 8 ROADWAY OBSTRUCTED 9 OTHER DEFECTS		1 NOT OBSCURED 2 HAIL, SNOW, ETC ON WINDSHIELD 3 WINDSHIELD OTHERWISE OBSCURED 4 VISION OBSCURED BY LOAD ON VEHICLE 5 TREES, CROPS, ETC 6 BUILDING 7 EMBANKMENT	
		8 SIGNBOARD 9 HILL CREST 10 PARKED VEHICLES 11 MOVING VEHICLES 12 SUN OR HEADLIGHT GLARE 13 OTHER		11 VEHICLE NO 1 24 12 VEHICLE NO 2 25	
LIGHT		COMMONWEALTH OF VIRGINIA DIVISION OF MOTOR VEHICLES		VEHICLE NO 3 26	
1 DAWN 2 DAYLIGHT 3 DUSK 4 DARKNESS, STREET OR HIGHWAY LIGHTED 5 DARKNESS, STREET OR HIGHWAY NOT LIGHTED		POLICE ACCIDENT REPORT		14 VEHICLE NO 1 27 15 VEHICLE NO 2 28	
KIND OF LOCALITY				1 NO DEFECTS 2 EYESIGHT DEFECTIVE 3 HEARING DEFECTIVE 4 OTHER BODY DEFECTS 5 ILL 6 FATIGUED 7 APPARENTLY ASLEEP 8 OTHER HANDICAP	
1 SCHOOL 2 CHURCH 3 PLAYGROUND 4 OPEN COUNTRY		5 BUSINESS/INDUSTRIAL 6 RESIDENTIAL 7 INTERSTATE 8 OTHER		9 PEDESTRIAN 30	
WHICH VEHICLE OCCUPIED		INJURY TYPE		VEHICLE NO 1 29	
1 VEHICLE NO 1 2 VEHICLE NO 2		1. DEAD BEFORE REPORT MADE 2. VISIBLE SIGNS OF INJURY, AS BLEEDING WOUND OR DISTORTED MEMBER, OR HAD TO BE CARRIED FROM SCENE 3. OTHER VISIBLE INJURY, AS BRUISES, ABRASIONS, SWELLING, LIMPING, ETC. 4. TWO VISIBLE INJURY BUT COMPLAINT OF PAIN OR MOMENTARY UNCONSCIOUSNESS		10 VEHICLE NO 2 31	
		5. Died later date		11 VEHICLE NO 1 32 12 VEHICLE NO 2 33	
POSITION IN/ON VEHICLE		PEDESTRIAN ACTIONS		6 PEDESTRIAN 34	
1 DRIVER 2 RIDING/HANGING ON OUTSIDE		1. CROSSING AT INTERSECTION - WITH SIGNAL 2. CROSSING AT INTERSECTION - AGAINST SIGNAL 3. CROSSING AT INTERSECTION - NO SIGNAL 4. CROSSING AT INTERSECTION - DIAGONALLY 5. CROSSING NOT AT INTERSECTION - RURAL 6. CROSSING NOT AT INTERSECTION - URBAN 7. COMING FROM BEHIND PARKED CARS 8. GETTING OFF OR ON SCHOOL BUS 9. PLAYING IN ROADWAY 10. GETTING OFF OR ON OTHER VEHICLE 11. HITCHING ON VEHICLE 12. WALKING IN ROADWAY WITH TRAFFIC, SIDEWALKS AVAILABLE 13. WALKING IN ROADWAY WITH TRAFFIC, SIDEWALKS NOT AVAILABLE 14. WALKING IN ROADWAY AGAINST TRAFFIC, SIDEWALKS AVAILABLE 15. WALKING IN ROADWAY AGAINST TRAFFIC, SIDEWALKS NOT AVAILABLE 16. WORKING IN ROADWAY 17. STANDING IN ROADWAY 18. LYING IN ROADWAY 19. NOT IN ROADWAY 20. OTHER		13 VEHICLE NO 1 35 14 VEHICLE NO 2 36	
SAFETY EQUIPMENT USED				1. NO RESTRAINT USED 2. LAP BELT 3. HARNESS 4. LAP BELT AND HARNESS 5. CHILD RESTRAINT 6. AIR BAG	
EJECTION FROM VEHICLE				1. NOT EJECTED 2. PARTIALLY EJECTED 3. EJECTED	
6	9	8	4	21	4
		1. BORN DATE 2. BORN DAY 3. BORN YEAR		1. BEFORE APPLICATION OF BRAKES 2. AFTER APPLICATION OF BRAKES 3. BEFORE AND AFTER APPLICATION OF BRAKES	
				2. VEHICLE NO 1 37 3. VEHICLE NO 2 38	